

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 200  
10-48

FILED JAN 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4339 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>45 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>605 So. Douglas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 So. Douglas</u>		e. STREET ADDRESS <u>605 So. Douglas</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie</u> b. (Middle) <u>Dean</u> c. (Last) <u>Chapman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 29, 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Pinnell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Coffey</u>	14. NAME OF HUSBAND OR WIFE <u>John Chapman Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed. Pinnell, Lee's Summit, Mo.</u>	ADDRESS <u>Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder with Metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 6, 1956, to Jan 20, 1956, that I last saw the deceased alive on 1-20, 1956, and that death occurred at 3:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Cliff Miller Lee's Summit Mo.</u>	(Debate or title)	23b. ADDRESS	23c. DATE SIGNED <u>1-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 22, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's summit, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-21-1956</u>	REGISTRAR'S SIGNATURE <u>N. B. Langsford</u>	483	25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home, Lee's Summit Mo.</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *N. B. Langford* \_\_\_\_\_

Licensed Embalmer No. *4962* \_\_\_\_\_

P. O. Address *Lee's Summit, Mo.* \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.