

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21072**
53

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4284** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. CITY OR TOWN Knox City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 yrs.		e. STREET ADDRESS (If rural, give location) 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ferderick b. (Middle) Ernst c. (Last) Chapman			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13, 1932	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 15	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Buff, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Chapman	13b. MOTHER'S MAIDEN NAME Mary Platt	14. NAME OF HUSBAND OR WIFE Vita Mueller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Gladys Chapman ADDRESS Normal, Illinois
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Block		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4330	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) (Min.)	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 **June 15, 1956**, to **June 28, 1956** that I last saw the deceased alive on **June 27, 1956**, and that death occurred at **6:27 m.**, from the causes and on the date stated above.

23a. SIGNATURE W. V. Coater D.O. (Degree or title)	23b. ADDRESS La Belle, Mo	23c. DATE SIGNED June 30, 1956
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24a. BURIALS, CREMATION, REMOVAL (Specify)	24b. DATE 7/5/1956	24c. NAME OF CEMETERY OR CREMATORY Meredosia	24d. LOCATION (City, town, or county) (State) Meredosia, Illinois
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DATE REC'D BY LOCAL REG. 7-3-56	REGISTRAR'S SIGNATURE P.W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. Blaker J. LaBelle, Mo ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4338

P. O. Address Laurel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.