

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4402

State File No.

No. 300
10-48

FILED MAR 11 1957

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5460 Registrar's No. 214

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR Rural, Clay, Township) OR TOWN <u>Clay Township</u> | | c. CITY OR TOWN <u>Lawrence</u> | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>0</u> | | e. STREET ADDRESS (If rural, give location) <u>Lawrence, Kansas</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>U.S. Hwy #65 just south of Greene County Highway 111</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jo Ann</u> | b. (Middle) <u>Chapman</u> | c. (Last) <u>Chapman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1957</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>Never Married</u> | 8. DATE OF BIRTH <u>June 7, 51</u> | 9. AGE (In years last birthday) <u>5</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Wilbur Chapman</u> | 13b. MOTHER'S MAIDEN NAME <u>Mable Strong</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom Chapman, Springfield, Missouri</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>---</u> | 16. SOCIAL SECURITY NO. <u>---</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Tom Chapman, Springfield, Missouri</u> | ADDRESS <u>---</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1957</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</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>---</u> | | | |

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| 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) <u>ACCIDENT</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>U.S. Highway 65 near Greene Co. Road M.</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>039</u> (COUNTY) <u>GREENE, Missouri</u> (STATE) <u>Missouri</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH 2, 1957 8 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>AUTO COLLISION ON OR NEAR U.S. HIGHWAY 65 GREENE COUNTY ROAD M.</u> |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Calph H. Green</u> | (Degree or title) <u>GREENE COUNTY 3 CORONER</u> | 23b. ADDRESS <u>Springfield, Missouri</u> | 23c. DATE SIGNED <u>5 MARCH 1957</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 6, 57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hoopedale Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Christian Co, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>8-5-57</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> | ADDRESS <u>Ozark 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
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.