

Health, Welfare, Public Service

Rebecca Chappell  
FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28999

STATE FILE NUMBER

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 97

300  
-57

1. PLACE OF DEATH  
a. COUNTY PIKE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY PIKE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA  
Inside Limits Yes  No

c. CITY OR TOWN LOUISIANA  
Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSP LIFE  
Length of stay in lb

d. STREET ADDRESS 1200 KENTUCKY  
(If outside, give location) 0  
Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
(Type or print) REBECCA RACHEL CHAPPELL

4. DATE OF DEATH Month Day Year  
AUG 9, 1957

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED  NEVER MARRIED   
WIDWED  DIVORCED

8. DATE OF BIRTH NOV 14, 1868

9. AGE (In years last birthday) 88  
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) WINFIELD, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ROBERT GORMAN

13b. MOTHER'S MAIDEN NAME MARY TERRY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE  
17. INFORMANT Mrs. James Kanaley - Louisiana, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinoma of Rectum  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
General Arterio Sclerosis 154X

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/4/57 to 8/9/57 and last saw her alive on 8/8/57  
Death occurred at 2:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Andrae M.D. (Degree or title)

22b. ADDRESS Louisiana Mo.

22c. DATE SIGNED 8/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE AUG 11, 1957

23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.

23d. LOCATION (City, town, or country) LOUISIANA, MO (State)

24. FUNERAL DIRECTOR GEO. M. COLLIER - LOUISIANA, MO  
ADDRESS

25. DATE RECD. BY LOCAL REG. AUG 10, 1957

26. REGISTRAR'S SIGNATURE Berniece Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.