

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012732
STATE FILE NUMBER

r. Dorris

FILED APR 27 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 124

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City 0264	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1001 West High St. 56yrs		d. STREET ADDRESS (If outside, give location) 1001 West High St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Floyd James Chapel		4. DATE OF DEATH Month Day Year April 21 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept-6-1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer		9b. KIND OF BUSINESS OR INDUSTRY Railroad	9c. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11a. FATHER'S NAME Henry M. Chapel		11b. MOTHER'S MAIDEN NAME Mary Atwater	
12a. NAME OF HUSBAND OR WIFE Ella E. Chapel		13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
14. SOCIAL SECURITY NO.		15. INFORMANT Mrs. F. J. Chapel, Jefferson City, Mo	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probably Quinoy Osteoarthritis Pt dead when seen Was taking treatment for Quinoy Osteoarthritis		17. INTERVAL BETWEEN ONSET AND DEATH Sudden	
18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23. CITY, TOWN, OR LOCATION COUNTY STATE Jefferson City, Mo.	
24. I attended the deceased from Death occurred at About 6:30 p.m. and last saw her alive on same date stated above; and to the best of my knowledge, from the causes stated.		25. SIGNATURE (Degree or title) R. R. Dorris M.D.	
26. ADDRESS Jefferson City, Mo		27. DATE SIGNED Apr 23 1959	
28. BURNING, CREMATION, REMOVAL (Specify) Burial		29. DATE 2016	
30. DATE Apr-24-1959		31. NAME OF CEMETERY OR CREATOR Riverview Cemetery	
32. LOCATION (City, town, or county) Jefferson City, Mo.		33. STATE	
34. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo		35. DATE RECD. BY LOCAL REG. 23 April 1959	
36. REGISTRAR'S SIGNATURE R. R. Dorris, M.D.		37. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

027 68 151

MS JUL 21 1959

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 *Joseph J. Jordan*

Licensed Embalmer No. *1786*
P. O. Address *Jeff City MS*

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.