

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002353

FILED VS FEB 15 1960

383 Primary Registration District No. 5648 5149 Registrar's No. 166

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>LAWRENCE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MT PLEASANT</b>		Length of stay in 1b <b>36 YEARS</b>	c. CITY OR TOWN <b>PIERCE CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 MILE NORTH PIERCE CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3 MILE NORTH PIERCE CITY</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>CRISSIE</b> Last <b>CHAPMAN</b>			4. DATE OF DEATH Month <b>JAN</b> Day <b>30</b> Year <b>1960</b>		
5. SEX <b>FE</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-7-1882</b>	9. AGE (last birthday) <b>77-6-13</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>GREEN COUNTY</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>
13a. FATHER'S NAME <b>SAMUEL Scott</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGIE CHAPMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>FRANK CHAPMAN PIERCE CITY</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of peritoneum + int. 345.</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>10-30-59</b> to <b>1-30-60</b> and last saw her alive on <b>1-28-60</b> Death occurred at <b>2:20 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles S Moore D.O.</b>			22b. ADDRESS <b>Pierce City, Mo</b>		22c. DATE SIGNED <b>2-1-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB-2-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	23d. LOCATION (City, town, or county) <b>PIERCE CITY MO</b>		(State)
24. FUNERAL DIRECTOR <b>WILKS BROS PIERCE CITY</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-2-60</b>	26. REGISTRAR'S SIGNATURE <b>W.D. Fossett</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

