

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002367

FILED VS JAN 16 1961 245

Registration District No. \_\_\_\_\_ Primary Registration District No. 5834 Registrar's No. 4

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Diamond</b>			Length of stay in 1b		c. CITY OR TOWN <b>Stotesbury</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>	
3. NAME OF DECEASED (Type or print) First <b>Rose</b> Middle <b>(None)</b> Last <b>Chappell</b>				4. DATE OF DEATH Month <b>1</b> Day <b>7</b> Year <b>1961</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-22-1907</b>	
9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cafe</b>		11. BIRTHPLACE (City and state or country) <b>Carthage, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Noah Potter</b>			13b. MOTHER'S MAIDEN NAME <b>Nora May Chambers</b>			14. NAME OF HUSBAND OR WIFE <b>Bill Chappell</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.		17. INFORMANT Address <b>Mrs. Violet Swartz-Kansas City, Mo.</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>Crushed Thoracic Area</b> DUE TO (b) <b>Automobile Wreck</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>3m</b>
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 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 checked="" 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 <b>10:00</b> p.m.		Hour _____ Month, Day, Year <b>1-7-61</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 71A</b>		20f. CITY, TOWN, OR LOCATION <b>11mi N. of Newton</b>		COUNTY <b>Newton</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Did Not Attend</b> and last saw her alive on _____ Death occurred at <b>10:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>By: M. W. Damon, M.D., Surgeon</b>				22b. ADDRESS <b>Newton, Missouri</b>		22c. DATE SIGNED <b>1-9-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-11-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lawrence Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stotesbury, Missouri</b>	
24. FUNERAL DIRECTOR <b>Shewmake Funeral Home - Granby, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-10-1961</b>		26. REGISTRAR'S SIGNATURE <b>Alvin C. Bowman, M.D.</b>	

By: *[Signature]*

MAR 3 1961

**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

*Floyd E. Shewmaker Jr.*

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.