

MISSISSIPPI STATE  
DEPARTMENT OF HEALTH  
VITAL RECORDS

## CERTIFICATE OF DEATH

STATE FILE NUMBER

83-07438

REGISTRAR'S NUMBER

|  |   |  |   |  |  |   |   |  |
|--|---|--|---|--|--|---|---|--|
| 1. DECEASED—NAME<br>First Middle Last<br>Calvin Louis Chapman  |   |  | 2. SEX<br>Male  |  | 3. DATE OF DEATH (Month, Day, Year)<br>4/1/83                            |   |   |  |
| 4. RACE (Specify White, Black, American Indian, etc.)<br>White   |   | 5a. AGE AT LAST BIRTHDAY<br>72 Years   |   |  | 6. DATE OF BIRTH (Month, Day, Year)<br>12/20/1910                        |   |   |  |
| 7b. CITY OR TOWN OF DEATH<br>Batesville  |   | 7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location)<br>South Panola County Hospital 545 |   |  | 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA<br>DOA |   |   |  |
| 8. STATE OF BIRTH<br>Miss.   |   | 9. CITIZEN OF WHAT COUNTRY<br>USA  |   | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed           |  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br>Decased |   |  |
| 13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.)<br>American                                  |   | 14. SOCIAL SECURITY NUMBER<br>414-01-8493  |   | 15a. USUAL OCCUPATION (Kind of work done most of working life)<br>Watchmaker |  | 15b. KIND OF BUSINESS OR INDUSTRY<br>Jeweler Repair.        |   |  |
| 16a. RESIDENCE—STATE<br>Miss.  |   | 16b. COUNTY<br>Panola  |   | 16c. CITY OR TOWN<br>Batesville  |  | 16d. INSIDE CITY LIMITS (Specify Yes or No)<br>Yes          |   |  |
| 16e. STREET AND NUMBER OR RURAL LOCATION<br>Hospital St.   |   | 17. FATHER—NAME<br>First Middle Last<br>Robert Emmitt Chapman  |   |  | 18. MOTHER—NAME<br>First Middle Maiden<br>Lula Brown                     |   |   |  |
| 19a. INFORMANT—NAME (Type or print)<br>Lee Martin  |   |  | 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br>3123 Walnut Hill Lane No 2087 Irwin, Texas |  |  |   |   |  |
| 20a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |   | 20b. CEMETERY, CREMATORY—NAME<br>Charleston  |   | 20c. LOCATION (City and State)<br>Charleston, Ms.                            |  | 21a. EMBALMER—SIGNATURE AND NUMBER<br>H. W. Knight-333      |   |  |
| 21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER<br>Newsom Funeral Home 68-N   |   |  | 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br>P.O. Box 143 Charleston, Miss. 38921       |  |  |   |   |  |
| 22a. CERTIFIER—NAME (Type or print)<br>Walter N. Cosby MD  |   |  | 22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP Code)<br>416 S. Holmes Circle Memphis, Tr. 38111    |  |  |   |   |  |
| This section to be completed by physician if NOT a coroner or medical examiner   | 23a. To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated.<br>SIGNATURE ▶ Walter N Cosby MD MD |  |   | This section to be completed by coroner or medical examiner ONLY             |  |   |   |  |
|  | 23b. DATE SIGNED (Month, Day, Year)<br>4/1/83   |  | 23c. HOUR OF DEATH<br>9:20 p.m.   |  | 24a. DATE SIGNED (Month, Day, Year)                                      |   |   |  |
|  | 23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)  |  |   | 24b. PRONOUNCED DEAD (Month, Day, Year)<br>ON                                |  | 24c. PRONOUNCED DEAD (Hour)<br>AT                           |   |  |
| 25. PART I: DEATH CAUSED BY:   |   | IMMEDIATE CAUSE (Enter one cause only)<br>(a) Cardiopulmonary Arrest   |   |  |  | Interval between onset and death                            |   |  |
|  |   | DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):<br>(b)  |   |  |  | Interval between onset and death                            |   |  |
|  |   | DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):<br>(c)  |   |  |  | Interval between onset and death                            |   |  |
| 26. PART II: OTHER SIGNIFICANT CONDITIONS— Conditions contributing to death but not related to cause given in PART I (a) |   |  |   |  | 27. AUTOPSY (Yes or No)  |   | 28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No) |  |
| Use if death NOT due to natural causes   | 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)  |  | 29b. DATE OF INJURY (Month, Day, Year)  |  | 29c. HOUR OF INJURY  |   | 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED                |  |
|  | 29e. INJURY AT WORK (Yes or No)   |  | 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)   |  | 29g. LOCATION<br>Street or route number City or town State               |   |   |  |
| 30a. REGISTRAR SIGNATURE<br>Linda G. Nichols   |   |  |   |  | 30b. DATE CERTIFICATE RECEIVED (Month, Day, Year)<br>APR 06 1983         |   |   |  |

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Alton B. Cobb, M.D.

ALTON B. COBB, M.D.  
STATE HEALTH OFFICER

November 16, 1984

David Lohrisch

DAVID LOHRISCH  
STATE REGISTRAR