

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5631

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3907 Registrar's No. 7

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Camden</u>                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> |  |
| b. CITY OR TOWN <u>Steele</u> <u>road</u>                    |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Steele</u> <u>0780</u>                                |  |
| c. LENGTH OF STAY (In this place) <u>40y</u>                 |  | d. STREET ADDRESS (If rural, give location) <u>Cootner Road</u> <u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cootner Hosp.</u> |  |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Scrap</u> b. (Middle) <u>Chism</u> c. (Last) <u>Chism</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-50</u> |   |  |
| 5. SEX <u>M</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> |  |
| 8. DATE OF BIRTH <u>10-16-1877</u>   |  | 9. AGE (In years last birthday) <u>72</u>                                   |  | 10. IF UNDER 1 YEAR (Months) (Days) <u>7</u>                          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>     |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <u>Wolf Creek Ky</u>        |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13. FATHER'S NAME <u>J.D. Chism</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Maatha</u>                               |  |
| 13c. NAME OF HUSBAND OR WIFE <u>Bessie Chism</u>   |  | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 14. SOCIAL SECURITY NO. <u>-</u>                                      |  |
| 14. SOCIAL SECURITY NO. <u>-</u>   |  | 15. INFORMANT'S SIGNATURE OR NAME <u>Bessie Chism</u>                       |  | 15. ADDRESS <u>Steele Mo</u>  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>                                   |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  | <u>4 1/2</u>   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Vitamin B Defic.</u>   |  | <u>1 yr.</u>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                        |  |
| 22. I hereby certify that I attended the deceased from <u>25 Feb, 1950</u> , to <u>25 Feb, 1950</u> , that I last saw the deceased alive on <u>25 Feb, 1950</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>E.L. Taylor, M.D.</u>   |  | 23b. ADDRESS <u>Steele, Mo</u>   |  | 23c. DATE SIGNED <u>25 Feb 50</u>                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   |  | 24b. DATE <u>2-28-50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Smt Jew</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>  |  | DATE REC'D BY LOCAL REG. <u>2-28-50</u>  |  | REGISTRAR'S SIGNATURE <u>L.J. Oldman</u>          |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Co</u>  |  | ADDRESS <u>Steele Mo</u>   |  |   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

286

3-50-78

MAR 4 1959

MAR 3 RECD

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.

Signed.....

*John H. German*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4355*

P. O. Address.....

*Hayti, Miss*

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 this body is not embalmed, fact should be so stated above.