

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19090

BIRTH NO. <u>1051</u>		REG. DIST. NO. <u>340</u>	PRIMARY REG. DIST. NO. <u>3075</u>	Registrar's No. <u>43</u>
1. PLACE OF DEATH a. COUNTY: <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY: (If outside corporate limits, write RURAL and give township) <u>Dexter</u>		c. LENGTH OF STAY (In this place) <u>60 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION:		d. STREET ADDRESS (If rural, give location) <u>1031 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cassius</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Chrisman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1950</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 30, 1861</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service station</u>		11. BIRTHPLACE (State or foreign country) <u>Dayton, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Chrisman</u>		
13b. MOTHER'S MAIDEN NAME <u>Nancy North</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Chrisman</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES DUE TO (b) <u>No previous illness</u> DUE TO (c) <u>****</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>****</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>****</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>****</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1950</u> to <u>May 14, 1950</u> that I last saw the deceased alive on <u>May 14, 50</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. A. ...</u>		23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>May 16 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>
24d. LOCATION (City, town, or county) <u>Dexter, Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>5-16-50</u>		
REGISTRAR'S SIGNATURE <u>Velma N. ...</u>		409 5108		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins</u>
ADDRESS <u>Funeral Ser. Dexter, Mo.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 23 1950
District Health Office No. _____
District File Number 550-5
Date Filed _____

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
Student Embalmer

Signed Walter Marsh Walker

Licensed Embalmer No. 4767

P. O. Address Dexter, MA

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.