

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39730**
Registrar's No. **233**

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

BIRTH NO. _____		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3002	Registrar's No. 233	
1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) Mexico		c. LENGTH OF STAY (In this place) 6 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Mexico		d. STREET ADDRESS (If rural, give location) 1026 W. Harwood
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1026 W. Harwood			d. STREET ADDRESS (If rural, give location) 1026 W. Harwood		
3. NAME OF DECEASED (Type or Print) NINA		a. (First)	b. (Middle) KATHERINE	c. (Last) CHRISMAN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1895	9. AGE (In years last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Potts		13b. MOTHER'S MAIDEN NAME Nola Elkin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James H. Mundy, Mexico, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary care. No jury. The deceased was found dead in her home. With a history of morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ANTECEDENT CAUSES due to (b) a cardiac condition, made from due to (c) an X-ray fracture, no evidence of. II. OTHER SIGNIFICANT CONDITIONS violence or other fears. Conditions contributing to the death but not related to the disease or condition causing death. Victim died from a heart condition.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE heart condition	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Audrain Co.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Coronary Care , 19____, that I last saw the deceased Blonde on Dec-28 , 19 50 , and that death occurred at 2 m., from the causes and on the date stated above.					
23a. SIGNATURE L. C. Adams, M.D. Coroner			23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 12-28-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.		
DATE REC'D BY LOCAL REG. Dec 29-1950	REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. V... ..	ADDRESS Mexico, Mo.	

Date Received: JAN 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-33
Date Filed: JAN 10 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph L. Thurston Jr.

Signed.....

Student Embalmer

Licensed Embalmer No.....

4687

P. O. Address.....

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