

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24186**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 817 W. Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **F.** c. (Last) **Chrisman**
A. DATE OF DEATH (Month) (Day) (Year) **July 27 1951**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Mar. 17 1854** 9. AGE (in years) last birthday **97** IF UNDER 1 YEAR Months **4** IF UNDER 24 HRS. Days **10** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10b. KIND OF BUSINESS OR INDUSTRY **housekeeper** 11. BIRTHPLACE (State or foreign country) **Iron County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Geo. Cain** 13b. MOTHER'S MAIDEN NAME **Elizabeth Langly** 14. NAME OF HUSBAND OR WIFE **Reuben Chrisman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Jess Denton** ADDRESS **Farmington 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) **Varicinal Cholemia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Acute bacterial Cholemia**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **4 weeks**
6 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) **4500**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **July 24, 1951**, to **July 27, 1951**, that I last saw the deceased alive on **July 24, 1951**, and that death occurred at **5 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **Dr. Geo. L. Watkins** (Degree or title) 23b. ADDRESS **Farmington Mo.** 23c. DATE SIGNED **7-27-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **July 30 1951** 24c. NAME OF CEMETERY OR CREMATORY **Masonic** 24d. LOCATION (City, town, or county) (State) **Bismark, Mo**

DATE REC'D BY LOCAL REG. **July 30, 1951** REGISTRAR'S SIGNATURE **Ethel Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE **C. H. Cozean** ADDRESS **Farmington Mo.**

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 6 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

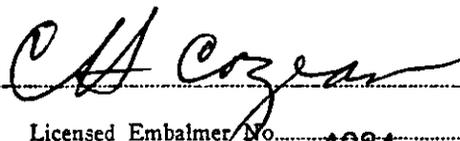
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

Notes: 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.