

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34206**

FILED OCT 21 1952

BIRTH NO.		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4049	Registrar's No. 47
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. LENGTH OF STAY (In this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) Centralia 2040	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 S. Rollins St.		d. STREET ADDRESS (If rural, give location) R. F. D. # 3 1		
3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Harold c. (Last) Chrisman		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16-1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10-1898	9. AGE (In years last birthday) IF UNDER 1 YEAR 59 0 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME James R. Chrisman		13b. MOTHER'S MAIDEN NAME Dora E. Smith	14. NAME OF HUSBAND OR WIFE Beatrice Chrisman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. # 1		16. SOCIAL SECURITY # 498-09-7127	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beatrice Chrisman, Centralia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary Embolus INTERVAL BETWEEN ONSET AND DEATH Four hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous attack 6-3-52		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 11-13-43 , to 10-16-52 , that I last saw the deceased alive on 10-15-52 , and that death occurred at 11:00 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Joseph, D.D.		23b. ADDRESS Centralia - MO	23c. DATE SIGNED 10-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 18-1952	24c. NAME OF CEMETERY OR CREMATORY Applesman Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Mo. R. F. D.	
DATE REC'D BY LOCAL REG. Oct 18-1952	REGISTRAR'S SIGNATURE Maud M. Brads	25. FUNERAL DIRECTOR'S SIGNATURE Paul Q. Bellew	ADDRESS Centralia, Mo.	

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

39727 1952

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 Paul Q. Ballou

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.