V.S. No. 200
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29632

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Saline Township
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Palmyra R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Saline Township
d. STREET ADDRESS (If rural, give location): Palmyra R.F.D. Mo.

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Bell
c. (Last): Chrisham

4. DATE OF DEATH (Month) (Day) (Year): June 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 8, 1925
9. AGE (In years last birthday): 28 — If under 1 year: Months 4, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Day Labor
11. BIRTHPLACE (City and State or Foreign Country): Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Chrisham
13b. MOTHER'S MAIDEN NAME: Elady's Simpson
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): No 2
16. SOCIAL SECURITY NO.: 725-16-3888
17. INFORMANT'S SIGNATURE OR NAME: Elady's Chrisham — ADDRESS: Monroe City

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-Inflicted gunshot — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Wound in Neck + Throat

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E976 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Saline Township Ralls Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 18 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Sucide

22. *I hereby certify that I attended the deceased from* No Medical Attention, 19 10, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Elyde C. Wilkey
(Degree or title): Coroner
23b. ADDRESS: Perry, Mo. Ralls County
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/53
24c. NAME OF CEMETERY OR CREMATORY: St. Judes Cemetery
24d. LOCATION (City, town, or county) (State): Monroe City Mo

DATE REC'D BY LOCAL REG.: 6/19/53
REGISTRAR'S SIGNATURE: Elyde Wilkey
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hilson + Son Monroe City Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 195

SEP 15 195

AUG 4 1954

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.....

P. O. Address.....

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.