

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1954

State File No. Registrar's No. 76

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY St. Joseph c. LENGTH OF STAY 45 years 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Buchanan c. CITY St. Joseph d. FULL NAME OF HOSPITAL OR INSTITUTION Between 8th & 9th Sts. on Patee e. STREET ADDRESS 415 N. 19th St.

3. NAME OF DECEASED a. (First) Roy Grant b. (Middle) Chrisman c. (Last) Chrisman 4. DATE OF DEATH January 20, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married 8. DATE OF BIRTH February 4, 1896 9. AGE 37

10a. USUAL OCCUPATION roofer 10b. KIND OF BUSINESS OR INDUSTRY Roofing Company 11. BIRTHPLACE Breckenridge, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Chrisman 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Freda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 496-05-7806 17. INFORMANT'S SIGNATURE OR NAME Mrs. Freda Chrisman ADDRESS 415 N. 19th, St. Joseph, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4/201 DUE TO (c) Man died suddenly while driving his automobile on Patee St. near 8th St. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. on Patee St. near 8th St. St. Joseph, Mo. there is no history of recent serious illness or disability.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 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 1/20, 1954, to 1/20, 1954, and that death occurred at 2:10P m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Degree or title) M.D. 23b. ADDRESS St. Joseph Mo 23c. DATE SIGNED 1/21/54

24a. BURIAL, CREMATION, REMOVAL burial 24b. DATE 1/23/1954 24c. NAME OF CEMETERY OR CREMATORY Breckenridge Cemetery 24d. LOCATION Breckenridge, Missouri

DATE REC'D BY LOCAL REG Jan 26, 1954 REGISTRAR'S SIGNATURE Mother M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman ADDRESS St. Joseph, Mo

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

10.7 11 1955

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.....
Signature of Student Embalmer

Signed.....
James B. Hawkins

Licensed Embalmer No.....45.....

P. O. Address 319 So 10th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.