

1383-54 THE DIVISION OF HEALTH - MISSOURI
 FILED MAR 16 1954 STANDARD CERTIFICATE OF DEATH

State File No. 10888

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 37	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY		SALINE		a. STATE		MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township)		MARSHALL		b. COUNTY		LA FAYETTE	
c. LENGTH OF STAY (in this place)		5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township)		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION		FITZGIBBEN MEMORIAL		d. STREET ADDRESS		GENERAL DELIVERY	
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
NED		WAYNE		CHRISMAN		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
MALE		WHITE		NEVER MARRIED		2-25-1954	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
NONE		INFANT		FITZGIBBEN MEMORIAL HOSPITAL		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
ERNEST EARL CHRISMAN		FLORENCE PRESTON		NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
NO		NONE		BIRTH CERTIFICATE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Asphyxia</u>				8h	
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>atelectasis</u>					
		DUE TO (c) <u>aspiration</u>					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						7620	
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)		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 <u>Feb. 25, 1954</u> , to <u>March 2, 1954</u> , that I last saw the deceased alive on <u>March 2, 1954</u> and that death occurred at <u>6:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>3-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
RURAL		3-4-1954		OAK HILL		CARROLLTON MO.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
3-7-54		<u>[Signature]</u>		M. W. Bailey		Waverly Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0972

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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~~ *not embalmed*

Student Embalmer No. *2*

working under my personal supervision.

Student
Student Embalmer

Signed

Maris O. Bailey

Licensed Embalmer No. *4887*

P. O. Address *Waverly, 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.