

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11699**

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If other than corporate limits, give RURAL and give township) Fayette		c. CITY OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 2 1/2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Conv. Home		No. STREET ADDRESS Wells Conv. Home	

3. NAME OF DECEASED (First) James (Middle) PERRY (Last) CHRISMAN	4. DATE OF DEATH (Month) Apr (Day) 20 (Year) 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 8, 1880	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ IF UNDER 14 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Delhart Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Perry Chrisman	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Sarah Monroe Chrisman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. not available	17. INFORMANT'S SIGNATURE OR NAME Olmer Chrisman	ADDRESS Glasgow Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 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. _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1**, 1954, to **April 20**, 1955, that I last saw the deceased alive on **April 16**, 1955, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James J. Dean M.D.	(Degree or title)	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 4-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 23, 1955	24c. NAME OF CEMETERY, OR CREMATORY Washington	24d. LOCATION (City, town, or county) (State) Glasgow Mo
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DATE REC'D BY LOCAL REG. 4-23-55	REGISTRAR'S SIGNATURE Mary K. Shell	436	GENERAL DIRECTOR'S SIGNATURE Gludley-Lacemonth	ADDRESS Glasgow Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W. L. S. S. S.*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.