

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39780**

FILED NOV 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>11MO</u>		c. CITY OR TOWN <u>Salem</u>		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 (If not in hospital or institution, give street address or location) <u>Hickory street</u>				e. STREET ADDRESS (If rural, give location) <u>Hickory street</u> <u>033/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Allen</u> c. (Last) <u>Chrisco</u>			4. DATE OF DEATH (Month) <u>11</u> (Day) <u>14</u> (Year) <u>57</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov 11-56</u>	
9. AGE (In years last birthday). Months Days Hours Min. <u>1</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U</u>		13a. FATHER'S NAME <u>Albert Chrisco</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Marie Clark</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Chrisco Salem Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>By Natural Causes (Jury Verdict)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) <u>7954.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hayden B. Powell, D.C. Coroner</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>Nov-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-15-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/15/57</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. L. Carter</u>		ADDRESS <u>Salem Mo</u>	

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

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Carl H. Spinner*
Licensed Embalmer No. *2370*
P. O. Address *Palmer, Ma*

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.