

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045683

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 160

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Vernon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		Length of stay in lb <u>14 7mo 29da</u>		c. CITY OR TOWN <u>Swedeborg mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Alvin</u> Middle <u>Everett</u> Last <u>Chrisman</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>unk</u>	
4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>62</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-13-11</u>		9. AGE (last birthday) <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>Iberia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Samael Chrisman</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Hensley</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
17. INFORMANT <u>Records</u> Address <u>State Hospital Nevada Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u>		DUE TO (b) <u>Rheumatic valvulitis, inactive (aortic)</u>		<u>Sudden</u>	
DUE TO (c) <u>---</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ch. Schizophrenic reaction, undifferentiated</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>1:35 AM 11/8/62</u> and last saw her/him alive on <u>11/8/62</u> . Death occurred at <u>1:35 AM 11/8/62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Corner</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Nevada Mo</u>		22c. DATE SIGNED <u>11/8/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-10-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Marion County, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>11-21-1962</u>		23f. REGISTRAR'S SIGNATURE <u>Armed & Gerry</u>	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Dixon, Missouri</u>		24a. ADDRESS <u>---</u>		24b. DATE RECD. BY LOCAL REG. <u>---</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 28 1963

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 Ray E. Dueland

Licensed Embalmer No. 5057

P. O. Address Neuada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.