

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE ⁷⁶⁰

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. ²⁰

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lingo township		Length of stay in 1b 5 yrs.	c. CITY OR TOWN New Cambria-Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 36-East		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 36-East.
3. NAME OF DECEASED (Type or print) First Earl Middle Chrisman Last Chrisman		4. DATE OF DEATH Month Feb. Day 15, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/8/90
9. AGE (last birthday) 72 yrs.		IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook-Retired.		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James Riley Chrisman	
13b. MOTHER'S MAIDEN NAME Dora Elizabeth Smith		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War I		16. SOCIAL SECURITY NO. Aubrey Chrisman, New Cambria, Mo.	
17. INFORMANT Address Aubrey Chrisman, New Cambria, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis with myocardial infarction		2 to 3 min.	
DUE TO (c) Arteriosclerosis		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic malignancy; Angina Pectoris		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 a.m. p.m. Month, Day, Year 	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 COUNTY STATE	
21. I attended the deceased from 11-14-61 to 11-15-63 and last saw him alive on 11-14-63		Death occurred at time unknown m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Dr. Bitting		22b. ADDRESS Bevier, Mo.	22c. DATE SIGNED 2-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/19/63	23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	23d. LOCATION (City, town, or county) (State) Chariton County, Missouri
24. FUNERAL DIRECTOR ADDRESS H. J. Gilleland New Cambria Mo.		25. DATE RECD. BY LOCAL REG. 2/19/63	26. REGISTRAR'S SIGNATURE Paula McNeely

USE BLACK INK OR TYPEWRITER RIBBON

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me,
or by This body was not embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. J. Gilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.