

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 544

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5216 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u>	c. LENGTH OF STAY (In this place) <u>20 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>	<u>18</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of his Daughter</u>		d. STREET ADDRESS (If rural, give location) <u>10 miles N.W. of Fremont</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>William</u> c. (Last) <u>Chronister</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1949</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-24-1876</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Chronister</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Ollie Chronister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Chronister</u> ADDRESS <u>Fremont, 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>acute circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 in 2</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2</u>	20. AUTOPSY? 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)	
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 <u>October 1944</u> to <u>1-28, 1949</u> , that I last saw the deceased alive on <u>1-28, 1949</u> , and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>	23b. ADDRESS <u>Van Buren Mo.</u>	23c. DATE SIGNED <u>1-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cass Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Shannon Co Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 1-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Heuston</u>	50	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Jewett</u> ADDRESS <u>Van Buren</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 2-1-49
District Health Officer No. 5,
District File Number 249111
~~Date Filed 2-1-49~~

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.

Signed.....
Student Embalmer
Signed Chas J. Lewitt
Licensed Embalmer No. 4574
P. O. Address Van Buren, 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.