

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41661**

BIRTH NO. _____		REG. DIST. NO. 195	PRIMARY REG. DIST. NO. 5718	Registrar's No. 86
1. PLACE OF DEATH a. COUNTY MAC DONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MAC DONALD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SOUTHWEST CITY		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SOUTHWEST CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) OSCAR		a. (First) CHRISCO	b. (Middle)	c. (Last)
4. DATE OF DEATH Nov 19 1949		4. DATE (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4/17/1864	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN CHRISCO		13b. MOTHER'S MAIDEN NAME JANE GRIFFIN	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME C. E. Chrisko ADDRESS South West City, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Southwest City (COUNTY) McDonald (STATE) Mo.	
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	
22. I hereby certify that I attended the deceased from 11-15-1949 , to 11-19-1949 , that I last saw the deceased alive on 11-15-1949 , and that death occurred at 11 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE R. E. Varnock M.D. (Degree or title)		23b. ADDRESS Southwest City, Mo.	23c. DATE SIGNED 11-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/19/49	24c. NAME OF CEMETERY OR CREMATORY So. West City Cemetery	24d. LOCATION (City, town, or county) So. West City (State) Mo.	
DATE REC'D BY LOCAL REG. 12-10-49	REGISTRAR'S SIGNATURE Maryne Humphreys	25. FUNERAL DIRECTOR'S SIGNATURE R. C. Goodson ADDRESS Miami, Okla.		

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

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1950

RECEIVED DEC 20 1949

District Health Office No. 6,

District File Number 1249-1404

Date Filed DEC 28 1949

one copy sent to Mr. [unclear] for [unclear]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.