

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41817

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>!</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Chism</u> c. (Last) <u>Marriott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17, 1865</u>
9. AGE (In years last birthday) <u>84</u>		if UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	if UNDER 2 HRS. Hours <u>11</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harden Chism</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>W. T. Marriott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wallace Chapman, Hannibal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Degenerative Heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Proximal retinoma</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12/20/49</u>		UNKNOWN <u>unknown</u>	
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) (COUNTY) (STATE) <u>Versailles Morgan Mo.</u>	
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 <u>12-20</u> , 19 <u>49</u> , to <u>12-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/25</u> , 19 <u>49</u> , and that death occurred at <u>11-50</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>A. J. ...</u> (Degree or title)		23b. ADDRESS <u>Versailles Mo.</u>	
23c. DATE SIGNED <u>12/28/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 30 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles</u>	
24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Dec 31-1949</u>	
REGISTRAR'S SIGNATURE <u>J. L. Woolburn</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. T. ... Versailles, Mo.</u>	

U.O.K.

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1539

Date Filed -1-3-50

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
Student Embalmer

Signed Raymond C. Forber
Licensed Embalmer No. 4626

P. O. Address Versailles, 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.