

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3835

State File No. _____

FILED MAR 4 1950

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5712 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY OR TOWN <u>RURAL MONROE TWP</u>		c. CITY OR TOWN <u>RURAL MONROE TWP</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR GLEN ALLEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>MONROE</u> c. (Last) <u>CHRONISTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 1950</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>FEB 21 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>TOM CHRONISTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MALONEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-4017</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. P. CHRONISTER</u> ADDRESS <u>CHARLESTON 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 3/2, 1946, to 2/11, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 3000 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers</u> (Degree or title) _____		23b. ADDRESS <u>Sutcliffe Mo.</u>		23c. DATE SIGNED <u>2/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>GLEN ALLEN Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William VanLinden</u> ADDRESS <u>BAKER FUNERAL HOME LUTESVILLE, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 23/1950</u>		REGISTRAR'S SIGNATURE _____			

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

RECEIVED

MAR 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-289

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Litchfield, N.C.

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.