

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 14 1950 STANDARD CERTIFICATE OF DEATH

State File No. 9946

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Polaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Little Rock</u> <u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>215 Midland Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Theodore</u>	b. (Middle) <u>O</u>	c. (Last) <u>Chrismer</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>April</u> <u>5<sup>th</sup></u> <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 12<sup>th</sup> 1900</u>	9. AGE (In years last birthday) <u>49</u>	10. UNDER 1 YEAR <u>6</u> Months	11. UNDER 12 Hrs. <u>22</u> Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Genl. Ext. Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>
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13a. FATHER'S NAME <u>Theodore Chrismer</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Laura</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>702-05-8287</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Laura Chrismer</u>	ADDRESS <u>Little Rock Ark</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Chronic Perforating GASTRIC ULCER 3 years</u> DUE TO (c) <u>Allergic status; Bronchial Asthma years.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>5400</u>

19a. DATE OF OPERATION <u>March 29<sup>th</sup> 50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic Perforating Gastric Ulcer;</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 5, 1950, to April 4, 1950, that I last saw the deceased alive on April 4, 1950, and that death occurred April 5 9:10am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Enry K. Baker M.D.</u>	23b. ADDRESS	23c. DATE SIGNED <u>April 7 '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crema-tion</u>	24b. DATE <u>Apr. 8<sup>th</sup> 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 8 - 50</u>	REGISTRAR'S SIGNATURE <u>Leah D. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1950

APR 19 1950

APR 20 1951

RECEIVED APR 10 1950  
District Health Officer No. 10  
District File Number 4-50-6  
Date Filed APR 10 1950

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 Frank B DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.