

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13768**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **135**

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Vandalia</b>	<b>2041</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>302 East Union</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Emmett</b> c. (Last) <b>Chrismar</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 25, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep 14, 1883</b>
9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS/OR INDUSTRY <b>Refractories</b>	11. BIRTHPLACE (State or foreign country) <b>Warren County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			
13a. FATHER'S NAME <b>Jackson Chrismar</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Archer</b>	14. NAME OF HUSBAND OR WIFE <b>Maud May Chrismar</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-07-1080</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence King, Mexico, Missouri</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>  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. <b>Surgery - gastroenterostomy performed 4 hours before death</b>	
19a. DATE OF OPERATION <b>4/25/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>CA of stomach with metastases to liver &amp; pancreas</b>		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) 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 <b>1/30, 1950</b> , to <b>4/25, 1950</b> , that I last saw the deceased alive on <b>4/25, 1950</b> , and that death occurred at <b>110 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Florence King MD</b>		23b. ADDRESS <b>Vandalia, Mo</b>	23c. DATE SIGNED <b>4/27/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 28, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4-28-50</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucht</b>	GENERAL DIRECTOR'S SIGNATURE <b>W. S. Waters</b> ADDRESS <b>Vandalia, Missouri</b>	

RECEIVED MAY 3 1950  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 4 1950

JAN  
9 1959

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.