

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1950

State File No. 12369

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 3039 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u>		1581	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>1205 N. Chestnut.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ethel</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Chrisman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 10, 1925</u>	9. AGE (In years last birthday) <u>24</u>	10. UNDER 1 YEAR (Months) <u>7</u>	11. UNDER 18 HRS. (Days) <u>18</u>	12. UNDER 18 MIN. (Hours) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Graham Co., Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mark A. Yocum</u>	13b. MOTHER'S MAIDEN NAME <u>Leela May Gnagy</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer F. Chrisman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-26-9585</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mark Yocum</u>	ADDRESS <u>Marceline, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Endocarditis</u> DUE TO (c) <u>Rheumatic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		416X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 Jan, 1950, to March 28, 1950, that I last saw the deceased alive on 3-28, 1950 and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>Robert W. Simon</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>3-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>3/31/1950</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401	25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>	ADDRESS <u>Marceline, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
581



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.....

Blanche M. Langhlin

..... Licensed Embalmer No. 1909

Signed.....
Student Embalmer

P. O. Address Marceline, 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.