

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23047

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5255 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clark</u>	
c. LENGTH OF STAY (in this place) <u>15yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Marceline RFD 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marceline RFD 2</u>		d. STREET ADDRESS (If rural, give location) <u>Marceline RFD 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>LESLIE</u> c. (Last) <u>CHRISMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1950</u>
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>Jan. 13, 1911</u>
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Marceline Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alton Chrisman</u>	
13b. MOTHER'S MAIDEN NAME <u>Ella Slaughter</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Chrisman</u>	
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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Neva Chrisman</u>		ADDRESS <u>Marceline Mo. RFD2</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>Gun Shot wound in Head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with twenty two caliber Rifle</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2976X</u>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark Twp. Chariton Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u> <u>  </u> <u>  </u> <u>  </u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>  </u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.D. Barnett Coroner of Chariton County</u>		23b. ADDRESS <u>Kaytswill Mo</u>	23c. DATE SIGNED <u>8-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug. 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peden Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo. RFD</u>
DATE REC'D BY LOCAL REG. <u>Aug 4 '50</u>	REGISTRAR'S SIGNATURE <u>Martha Clark</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas. McLaughlin</u>	ADDRESS <u>Marceline Mo</u>

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

0710

0210

RECEIVED AUG 8 1950  
District Health Officer No. 70  
District File Number 8-14-1303  
Date Filed AUG 14 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 *Francis L. Schaberg*

Licensed Embalmer No. *45130*

P. O. Address *Mauline 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.