

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31003**

**FILED** SEP 20 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 4299 Registrar's No. 339

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> <u>0581</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>East Lake</u>	
3. NAME OF DECEASED a. (First) <u>Elmer Franklin</u> b. (Middle) <u>Chrisman</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10, 1950</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 21, 1926</u>
9. AGE (In years, last birthday) <u>24</u>	if UNDER 1 YEAR Months <u>2</u>	if UNDER 1 YEAR Days <u>19</u>	if UNDER 24 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Line Co</u>	11. BIRTHPLACE (State or foreign country) <u>Marceline, Mo.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oscar Chrisman</u>	
13b. MOTHER'S MAIDEN NAME <u>BUELAH Still</u>		14. NAME OF HUSBAND OR WIFE <u>Decease</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>yes</u> <u>World War II</u>		16. SOCIAL SECURITY NO. <u>499-20-1947</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BUELAH Chrisman</u> ADDRESS <u>Marceline 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sunshot wound with 22 Rifle, entering Right side of head.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> 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"/>		21a. ACCIDENT (Specify) <u>apparently accident</u> SUICIDE <u>_____</u> HOMICIDE <u>_____</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bucklin Linn Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 10-50 3<sup>30</sup> a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>58</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 _____, Mo., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dale Beach, Coroner</u>		23b. ADDRESS <u>Marceline Mo</u>	
23c. DATE SIGNED <u>Sept 12 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Marceline Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe. McLaughlin</u> ADDRESS <u>Marceline</u>	
DATE REC'D BY LOCAL REG. <u>9-14-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u> <u>167</u>	

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

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Date Received: SEP 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-570-1  
Date Filed: SEP 19 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 George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Maceline, Mo

SEP 20 1950

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.