

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1982

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>NOBUNA</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NOBUNA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BURLINGTON JUNCTION</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WILCOX</u>	
c. LENGTH OF STAY (In this place) <u>5 mos.</u>		0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROGGERICK NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>CHRISEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>SEPT. 4, 1866</u>
9. AGE (In years last birthday) <u>84</u>		If UNDER 1 YEAR: Months <u>4</u> Days <u>16</u> If UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>GEDAR COUNTY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>SAMUEL F HULL</u>		13b. MOTHER'S MAIDEN NAME <u>CLEMENTINE BROGAN</u>	14. NAME OF HUSBAND OR WIFE <u>LARS CHRISEN</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 ADDRESS <u>EUGENE HALL Wilcox, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
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) (Min.)		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 <u>not seen</u> <u>not attended</u> that I last saw the deceased <u>alive on Not seen</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Deane M.D. Coroner</u>		23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>1-21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilcox</u>
24d. LOCATION (City, town, or county) (State) <u>Wilcox, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-27-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. EMBALMER'S SIGNATURE ADDRESS <u>Burlington Oct 1, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0740
H



13 7 2 2

FEB 22 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2965

P. O. Address Boonville, 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.