

XC#1 716 490
Reg #116347
FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29081
State File No. 3024
REGISTRAR'S No. 3024

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	REGISTRAR'S No. 3024
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUTLER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF 0120		
c. LENGTH OF STAY (If this place) 4 days		d. STREET ADDRESS (If rural, give location) RTE. #2		
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL				
3. NAME OF DECEASED (Type or Print) a. (First) CURT		b. (Middle) M.		c. (Last) CHRISMAN
4. DATE OF DEATH (Month) (Day) (Year) 8-31-51				
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-2-97	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) UNIONVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES CHRISMAN		13b. MOTHER'S MAIDEN NAME MARGARET PHILLIPS	14. NAME OF HUSBAND OR WIFE LEATHA J.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME VA HOSP RECORDS, JEFF. BKS, MO.	
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) CEREBRAL HEMORRHAGE, RIGHT PARIETAL LOBE ANTECEDENT CAUSES DUE TO (b) 2nd & 3rd DEGREE BURNS, BOTH UPPER EXTREMITIES, CHEST, ABDOMEN, NECK AND FACE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC GANGRENE OF RIGHT LEG AND FOOT.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 012 9160		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff 16 Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/23/51 9:00A. m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2nd & 3rd Degree Burns	
22. I hereby certify that I attended the deceased from 8-27-51 , 19__ to 8-31-51 , 19__, XXXXXXXXXXXXXXXXXXXX and that death occurred at 7:10A. m. , from the causes and on the date stated above.				
23a. SIGNATURE E. C. O'BRIEN		23b. ADDRESS (Degree or title) E. C. O'BRIEN, M.D. VA HOSP. JEFF. BKS, MO.		23c. DATE SIGNED 8-31-51
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-1-51	24c. NAME OF CEMETERY OR CREMATORY FAMILY CEMETERY	24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER ADDRESS U&L COMPANY, St. Louis, Mo.

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

1951

1951

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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

Henry J. Johnson

Licensed Embalmer No.

2679

P. O. Address

7814 S Broadway

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.