

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30080

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 513	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give township) Windsor				c. CITY (If outside corporate limits, write RURAL and give township) Stover 0710			
d. FULL NAME OF HOSPITAL OR INSTITUTION Gray's Nursing Home				d. STREET ADDRESS (If rural, give location) Stover 1			
3. NAME OF DECEASED (Type or Print) Missouri			a. (First) Anna		c. (Last) Chism		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1951
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 2, 1875	
9. AGE (In years last birthday) 76		10. MONTHS 5		11. DAYS 28		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Morgan County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Hepperd		13b. MOTHER'S MAIDEN NAME Alice Williams		14. NAME OF HUSBAND OR WIFE John Chism			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Gladys Taylor Stover, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1, 1951, to 9-30, 1951, that I last saw the deceased alive on 9-30, 1951, and that death occurred at 7:30P m., from the causes and on the date stated above.							
23a. SIGNATURE Ray B. Jordan (Degree or title) M.D.				23b. ADDRESS Windsor Mo.		23c. DATE SIGNED 10-2-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover Mo.	
DATE REC'D BY LOCAL REG. Oct-2-51		REGISTRAR'S SIGNATURE Florence Aldair		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Swinson		ADDRESS Stover, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-51 _____

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 _____

James R. Scribner
working under my personal supervision.

Student Embalmer No. *404*

Student

James R. Scribner
Student Embalmer

Signed

J. L. Stevenson
Licensed Embalmer No. *4073*

P. O. Address

Storer, 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.