

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1195**
185

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Renov</u>	
c. LENGTH OF STAY (in this place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hutchinson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>815th</u>		d. STREET ADDRESS (If rural, give location) <u>226 E. 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3335 Tracy</u>				d. STREET ADDRESS (If rural, give location) <u>226 E. 13th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANGIE</u>		b. (Middle) <u>E.</u>		c. (Last) <u>CHRISMAN.</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>12</u>		(Year) <u>1952</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 17 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</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>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Samuel H Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>John I. Chrisman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Addie Rowland</u> ADDRESS <u>3335 Tracy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiac Failure</u>				MEDICAL CERTIFICATION <u>Chronic Cardiac Failure</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Chronic Cardiac-Vascular Disease with Decompensation</u>				DIFFERENTIAL BETWEEN CAUSE AND DEATH <u>1 yr -</u>	
		DUE TO (c) <u>Renal</u>				4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 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>Dec 24</u> , 1951, to <u>Jan 17</u> , 1952, that I last saw the deceased alive on <u>Jan 12</u> , 1952, and that death occurred at <u>6:15</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. C. Lerner</u>				23b. ADDRESS <u>624 Oregonian Bldg</u>		23c. DATE SIGNED <u>Jan 12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Hutchinson Kan</u>	
DATE REC'D BY LOCAL REG. <u>1-13-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stone & McClure K.C. Mo</u>			

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

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.