

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42027**

FILED DEC 18 1953

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4021** Registrar's No. **8**

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| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ladsonia, Mo | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ladsonia, Mo, 6440 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Ladsonia, Mo. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) HOLLAND c. (Last) CHISM | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 12. 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH March-10-1884 | | 9. AGE (In years last birthday) 69 | | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 9 2 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Clark Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME Walley Chism | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 488-28-0509 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Letha Britton ADDRESS Ladsonia, Mo. | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation | | ANTECEDENT CAUSES | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Old age | | | | | |
| | | DUE TO (c) Alcoholism | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4343 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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 June, 1952, to Dec, 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) William W. Jones, D.O. | | 23b. ADDRESS Ladsonia, Mo. | | 23c. DATE SIGNED 12-14-53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Dec. 14, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery | | 24d. LOCATION (City, town, or county) (State) Farber Mo. | |
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| DATE REC'D BY LOCAL REG. 12-14-53 | | REGISTRAR'S SIGNATURE Martha A. Keenan | | 25. FUNERAL DIRECTOR'S SIGNATURE Willow Biehoff ADDRESS Ladsonia, Mo. | |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1914 J. 137

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 Clyde Wilkey

Licensed Embalmer No. 3860

P. O. Address Perry, 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.