

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **313**

0420

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If rural, give location) 408 E. Benton St	

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) ROSE	c. (Last) CHISMAN	4. DATE OF DEATH (Month) (Day) (Year) Feb 9, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 12, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR 6 Months 28 Days	IF UNDER 2 HRS. 11:30 P.M.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Henry County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christopher Baker	13b. MOTHER'S MAIDEN NAME Mary Hart	14. NAME OF HUSBAND OR WIFE Berge Chisman
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed Anderson	ADDRESS Windsor Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? f201 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)
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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?
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22. I hereby certify that I attended the deceased from **2-3, 1954**, to **2-7, 1954**, that I last saw the deceased alive on **2-9, 1954**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Windsor	23c. DATE SIGNED 2-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-11-54	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor Missouri
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DATE REC'D BY LOCAL REG. Feb. 15. 54	REGISTRAR'S SIGNATURE Florence Adair 422	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner	ADDRESS Windsor Mo.
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JUN 21 1954

APR 7 1955

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Pa

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.