

FILED MAY 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14799

BIRTH NO. 28158-54 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <input checked="" type="checkbox"/> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) township) <u>40 MIN.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>8043</u>		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEXICO GENERAL HOSP</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TERRY</u>	b. (Middle) <u>JEAN</u>	c. (Last) <u>CHRISMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 21-1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
					IF UNDER 18 HRS. Hours Min. <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>MEXICO - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13a. FATHER'S NAME <u>CHARLES C. CHRISMER</u>		13b. MOTHER'S MAIDEN NAME <u>NONA RUTH HUPE</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Allan Floyd, Montg City</u>			
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) <u>ACRANIA</u> INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONGENITAL MONSTER</u> DUE TO (c) <u>FAULTY EMBRYONAL DEVELOPMENT</u> 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 <u>750 X</u>				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)	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>MAY 21</u> , 19 <u>54</u> to <u>MAY 21</u> , 19 <u>54</u> that I last saw the deceased alive on <u>MAY 21</u> , 19 <u>54</u> , and that death occurred at <u>5:17 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Allan P. ...</u>			23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>May 21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-22-54</u>	24c. NAME OF CEMETERY <u>White Cenetry</u>	24d. LOCATION (City, town, or county) (State) <u>Near Montgomery City Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 21-1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Curry's ... Montgomery Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 ^{not} embalmed ~~by me or by~~ ~~XXXX~~

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Arthur Lewis*

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.