

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 15192

BIRTH NO. _____		REG. DIST. NO. <u>5258</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>			
c. LENGTH OF STAY (in this place) <u>6 days</u>				d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of daughter</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Eliza</u>		c. (Last) <u>Chronister</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>22</u>		(Year) <u>1954</u>	
5. SEX <u>F</u>		6. COLOR OF FACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 10 1901</u>	
9. AGE (In years last birthday) <u>53</u>		10. UNDER 1 YEAR Months _____		11. YEAR Days _____		12. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wesley Bland</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Mathew</u>			
14. NAME OF HUSBAND OR WIFE <u>John Chronister</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>John Chronister</u>				ADDRESS <u>Van Buren</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma urinary bladder</u>				8 months			
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? <u>181 X</u> YES ☐ NO ☐							
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) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-30</u> , 19 <u>48</u> , to <u>May 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>54</u> , and that death occurred at <u>4:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>				23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>5-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>house creek</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 25-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		50-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pewitt</u> ADDRESS <u>Van Buren 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leaton Hewitt

Licensed Embalmer No. *2287*

P. O. Address *Van Buren*

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.