

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 2 1955

 BIRTH NO. 10256-55 REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>		
b. CITY OR TOWN <u>Rural Lyon</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leslie Mo RHRl.</u>			e. STREET ADDRESS (If rural, give location) <u>Leslie Mo RHRl.</u> <span style="float: right;">0360 8</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald.</u> b. (Middle) <u>Lee.</u> c. (Last) <u>Chronister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1955</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Feb. 9, 1955</u>	9. AGE (In years last birthday) <u>18</u>	# UNDER 1 YEAR Months <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ronald Chronister</u>		13b. MOTHER'S MAIDEN NAME <u>Jeannett Sizemore</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ronald Chronister, New Haven Mo</u>		

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)			II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
			DUE TO (b) <u>Strangulation</u>			
			DUE TO (c) <u>Congestion of the lungs</u>			
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) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP <u>Leslie Lyon</u>		COUNTY <u>Franklin</u>	STATE <u>Mo</u>
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest P. Ottensmeyer coroner</u>		23b. ADDRESS <u>Leslie, Mo.</u>		23c. DATE SIGNED <u>Feb 27, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 27 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shen Allen Cent</u>	24d. LOCATION (City, town, or county) (State) <u>Gatesville Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb 27-1955</u>		REGISTRAR'S SIGNATURE <u>John Charles Finley</u> <span style="float: right;">503</span>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E H Terrence Beaufort Mo</u>		

APR 4 1958

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 E. H. Lemme Student Embalmer No. not working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 307

P. O. Address Beaufort

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.