

FILED AUG 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23270

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Moberly</i>		c. LENGTH OF STAY (in this place) <i>5 years</i>	c. CITY OR TOWN <i>Moberly</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1340 Scott Ave.</i>		STREET ADDRESS (If rural, give location) <i>1340 Scott Ave 08830</i>	

3. NAME OF DECEASED a. (First) <i>WILLIAM</i> b. (Middle) <i>CHRISTIN</i> c. (Last) <i>CHISM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July - 25 - 1955</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	
8. DATE OF BIRTH <i>Dec-18-1883</i>		9. AGE (in years, last birthday) <i>71</i>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer + Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>Randolph Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Joseph William Chism</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Lewis</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Joseph Chism</i>		ADDRESS <i>Moberly Mo.</i>			

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) <i>arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>4500</i>			
		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? YES <input type="checkbox"/> NO <input 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 *8-21-1953*, to *7-26-1953*, that I last saw the deceased alive on *6-26-1953*, and that death occurred at *8:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. T. Whitaker D.O.</i>		23b. ADDRESS <i>Moberly Mo.</i>		23c. DATE SIGNED <i>7-26-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July-27-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	
24d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>		DATE REC'D BY LOCAL REG. <i>July 27 55</i>		REGISTRAR'S SIGNATURE <i>Richard L. ...</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Cater Funeral Home</i>		ADDRESS <i>Moberly Mo.</i>			

(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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 411

P. O. Address Inokery St.

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.