

FILED AUG 15 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24959

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>	
c. LENGTH OF STAY (in this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>711-21 Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711-21 Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Brazina</u> c. (Last) <u>Chrisko</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-29-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Widowed</u>	8. DATE OF BIRTH <u>June-25-1866</u>
9. AGE (In years last birthday) <u>89-1-4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Israel Morrise</u>		13b. MOTHER'S MAIDEN NAME <u>Elyzaveta Hensen</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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Wm H H Wheeler, Slater, Mo</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>Carcinoma of face (left side)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>191X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensibility</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)	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) (m.)	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>Feb</u> , 1954, to <u>July 29</u> , 1955, that I last saw the deceased alive on <u>Feb 29</u> , 1954 and that death occurred at <u>6:30 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. M. Burney, M.D.</u>		23b. ADDRESS <u>Slater, Mo</u>	23c. DATE SIGNED <u>7/30/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Winona, Mo</u>
DATE REC'D BY LOCAL REG. <u>5/18/55</u>	REGISTRAR'S SIGNATURE <u>Mo. Earl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>J. J. Jones, Slater, Mo</u>	

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

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.