

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5771

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Geniosot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Geniosot</u>	
b. CITY OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Hayti</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geniosot County Memorial Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>01610</u>	

3. NAME OF DECEASED a. (First) <u>Biddie</u> b. (Middle) <u>April</u> c. (Last) <u>Chism</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13, 1875</u>	9. AGE (In years last birthday): 80	IF UNDER 1 YEAR: Month <u>10</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wall Creek Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Chism</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Chism</u>	14. NAME OF HUSBAND OR WIFE <u>A. J. Chism</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Chism</u>
		ADDRESS <u>Hayti, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza & Terminal Pneumonia</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver & Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>480x</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 12-4, 1956, to 2-18, 1956, that I last saw the deceased alive on 2-18, 1956, and that death occurred at 9:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. O. Kaiser</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>2-20-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>

DATE REC'D BY LOCAL REG. <u>2-28-56</u>	REGISTRAR'S SIGNATURE <u>John St. German</u>	406 - GENERAL DIRECTOR'S SIGNATURE <u>John St. German</u>	ADDRESS <u>Hayti, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3-60-56

MAR 7 1956

PERMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. Gerson*

Licensed Embalmer No. *425*

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