

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12854**

BIRTH NO. _____		REG. DIST. NO. <b>116</b>		PRIMARY REG. DIST. NO. <b>3020</b>		Registrar's No. <b>102</b>	
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>			
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <b>Washington Mo.</b> )		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Salem</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis</b>				e. STREET ADDRESS (If rural, give location) <b>0331</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Shelvey</b> b. (Middle) <b>Hampton</b> c. (Last) <b>Chrisco</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 7 1868</b>	
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Chrisco</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Griffin</b>		14. NAME OF HUSBAND OR WIFE <b>Belle Chrisco</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Florence Meade</b> ADDRESS			
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) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pyelonephritis</b> DUE TO (c) <b>Prostatic Hypertrophy</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b> <b>Months</b> <b>Years</b> <b>Years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>610X</b>			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 <b>March 23, 1956</b> , to <b>April 13, 1956</b> , that I last saw the deceased alive on <b>April 13, 1956</b> , and that death occurred at <b>9:25 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert M. Crawford M.D.</b>				23b. ADDRESS <b>Sullivan Missouri</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>April 17</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stonehill</b>		24d. LOCATION (City, town, or county) (State) <b>Stonehill Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/16/56</b>		REGISTRAR'S SIGNATURE <b>F. P. Heidmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos. L. Stoffer Sullivan Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....  
*Phos. P. Shaffer*

Licensed Embalmer No. *269*

P. O. Address.....  
*Fullerton*

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.