

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15468

State File No. _____

FILED MAY 17 1956

BIRTH NO. 29008-56 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Mexico Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico Mo</u>		c. LENGTH OF STAY (in this place) <u>25 1/2 hr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>none, Audrain Co Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paula</u> b. (Middle) <u>Jean</u> c. (Last) <u>Chrismer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-56</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>5-4-56</u>
9. AGE (In years last birthday) <u>25 1/2</u> MONTHS <u>hrs</u>		10. YR UNDER 1 HR. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Chrismer</u>		13b. MOTHER'S MAIDEN NAME <u>None Hupe</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Chrismer Montgomery City 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>Spina bifida (born) (yes) 25 1/2 hr</u> INTERVAL BETWEEN ONSET AND DEATH <u>25 1/2 hr</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>751X</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) (Min.)		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>5-4</u> , 19 <u>56</u> , to <u>5-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>56</u> , and that death occurred at <u>9:50a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>M. Kallenberg MD</u>		23b. ADDRESS <u>119 E. Jackson, Mexico, Mo.</u>	
23c. DATE SIGNED <u>5-5-56</u>		24a. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-5-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Montgomery City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blanche Neely</u> <u>OUR NURSERY</u> <u>MONTGOMERY CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>5-5-56</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

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

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~DEPT~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *C. W. Hopkins*.....

Licensed Embalmer No. I487

P. O. Address Montgomery, Ala.

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.