

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21060

FILED JUN 18 1956

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5-6 5-2 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lawrence</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>La Russell</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>La Russell 0550</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Residence</i>		Length of stay in 1b <i>Native</i>	d. STREET ADDRESS (If outside, give location) <i>R. 1, D.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Marrin</i> Middle <i>Edmond</i> Last <i>Chrisman</i>			4. DATE OF DEATH Month <i>6</i> Day <i>10</i> Year <i>1956</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-8-1910</i>	9. AGE (In years last birthday) <i>45</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Lawrence Co.</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>Missouri</i>
13. FATHER'S NAME <i>Thomas Chrisman</i>			14. MOTHER'S MAIDEN NAME <i>Sarah E. Duncan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give year or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>496-07-3335</i>	17. INFORMANT Address <i>Mrs. Quigley, Miller Cottage Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Failure</i> <i>Coronary Thrombosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <i>Just</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>4201</i>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>3 P.M.</i> on the _____ day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Donald George Smith</i>			22b. ADDRESS <i>La Russell Co. Mt Vernon Mo.</i>		22c. DATE SIGNED <i>6/11/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-13-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's</i>	23d. LOCATION (City, town, or county) (State) <i>N. W. of Avishog Mo.</i>		
24. FUNERAL DIRECTOR <i>Morris - Seiman</i>		ADDRESS <i>Miller Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-14-56</i>	26. REGISTRAR'S SIGNATURE <i>W. J. Bureney</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes.

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 *E. R. Seiman*.....

Licensed Embalmer No. *32*

P. O. Address *Miller*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.