

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25883**

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>507</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 1 mi East Savannah</u>		c. LENGTH OF STAY (In this place) <u>SAVANNAH</u>		c. CITY OR TOWN <u>SAVANNAH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Rural 1 mi East</u>				No. STREET ADDRESS (If rural, give location) <u>Rural 1 mi East</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Georgia</u>		b. (Middle) <u>Gertrude Chronister</u>		c. (Last) <u>Chronister</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3-1956</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>June 10-1900</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Rosendale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Andrew Barns</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Chronister</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. P. Chronister SAVANNAH 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</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>Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>six months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) <u>SAVANNAH Mo</u>			
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>Aug 28, 1956</u> , to <u>Sept 3, 1956</u> , that I last saw the deceased alive on <u>Aug 31, 1956</u> , and that death occurred at <u>6 4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph P. Kelley MD</u>				(Degree or title)		23b. ADDRESS <u>Savannah Mo</u>	
23c. DATE SIGNED <u>9-4-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	
24d. LOCATION (City, town, or county) (State) <u>SAVANNAH Mo</u>		DATE REC'D BY LOCAL REG. <u>9-5-56</u>		REGISTRAR'S SIGNATURE <u>Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home SAVANNAH 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.....  
Signature of Student Embalmer

Signed *E. E. Breit*.....

Licensed Embalmer No. *2650*

P. O. Address *Savannah*.....

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.