V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 21 1958

STANDARD CERTIFICATE OF DEATH

State File No. 47694

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 Cook Ave (Ht. Attack on Street)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 310 DAME ST. 1001 0

3. NAME OF DECEASED (Type or Print)
a. (First): VALLE
b. (Middle): (NMN)
c. (Last): CRISS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 23, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 14, 1870
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 10, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): (CITY UNKNOWN), ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: FRANCES CRISS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: CHARLEY ROBISON - CHAFFEE, MISSOURI

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Old age
DUE TO (c): hardening of arteries

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: a few minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19 1948, *to* Dec 23 1957 *that I last saw the deceased alive on* Dec 18, 1957, *and that death occurred at* Dec 23 1957 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Davault MD
23b. ADDRESS: Delta Mo
23c. DATE SIGNED: Dec 26 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-26-1957
24c. NAME OF CEMETERY OR CREMATORY: LORIMER CEMETERY
24d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI

DATE REC'D BY LOCAL REG.: 1-4-58
REGISTRAR'S SIGNATURE: Mrs Neal Bieplinghoff
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.

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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JAN 13 1958
SCOTT CO. HEALTH DEPT.
CO. FILE No. 158-15

JAN 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack I. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo

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