

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022880
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 290 Primary Registration District No. 443-1 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DIXON		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If outside, give location) 078¹/₀ South Fifth Street	
3. NAME OF DECEASED (Type or print) First Andrew Middle Jackson Last Chism		4. DATE OF DEATH Month 6 Day 17 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Retired		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Kentucky /
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Biddie H. Chism
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Bob Chism, Dixon, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis 4200			INTERVAL BETWEEN ONSET AND DEATH 12 hours 10 years 20 years
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK	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 June 16, 1958 to June 16, 1958 and last saw him alive on June 16, 1958 Death occurred at 11:30 P.M., June 17, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald L. Hall M.D.		22b. ADDRESS C-Road Dixon, Missouri	22c. DATE SIGNED 6-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/18/1958	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Hayti, Missouri
24. FUNERAL DIRECTOR ADDRESS Gilbert Funeral Home, Inc., Dixon, Missouri		25. DATE RECD. BY LOCAL REG. 6-18-58	26. REGISTRAR'S SIGNATURE Paula Inge Anderson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Maurice E. Scherbaum*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.