

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022934

STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 294 Primary Registration District No. 6011 Registrar's No. 133

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Union Township</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KFD #3 Moberly</u>		d. STREET ADDRESS (If Outside, give location) <u>RFD #3</u>	
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>CLARENCE</u> Last <u>CHRISMAN</u>		4. DATE OF DEATH Month <u>June</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 2 - 1899</u>
9. AGE (In years last birthday) <u>65</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer & Dairyman</u>	
11. BIRTHPLACE (City and state or country) <u>Moberly Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John D. Chrisman</u>		14. MOTHER'S MAIDEN NAME <u>Melissa Hutsell</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>489-40-3421</u>	
17. INFORMANT <u>Mrs. Verma Chrisman</u>		Address <u>Moberly Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>METASTATIC ADENOCARCINOMA OF LIVER</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PRIMARY ADENOCARCINOMA OF SIGMOID COLON</u>			<u>over 16 months</u>
DUE TO (c) <u>1533</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ 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 <u>May 9 1957</u> to <u>June 8 1958</u> and last saw <u>him</u> alive on <u>June 8 1958</u> Death occurred at <u>7:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Clarence Chrisman MD</u>		22b. ADDRESS <u>317 Virginia, Moberly</u>	22c. DATE SIGNED <u>June 4 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Seabrook</u>

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1958

JUL 6 1958

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 *R. M. Cater*

Licensed Embalmer No. *411*

P. O. Address *Moberly*

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.