

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014492

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. 294 Primary Registration District No. 4439 Registrar's No. 81

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-57

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence prior to admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clark</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clark</u> 6880 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Clark</u>		Length of stay in 1b <u>76 years</u>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>NANCY ELIZABETH CHISM</u>			4. DATE OF DEATH Month Day Year <u>April 17-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 10-1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Clark Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Gibson</u>	14. NAME OF HUSBAND OR WIFE <u>John William Chism</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, if unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>W. Lester Chism RR2 #2 Highway 70</u> Address

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>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Anuria and obstruction of sigmoid colon 2 days</u>	
	DUE TO (c) <u>Primary Carcinoma of sigmoid colon 2 yrs</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 Month, Day, Year 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 1953</u> to <u>April 17, 1959</u> and last saw her alive on <u>April 17, 1959</u> Death occurred at <u>420 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Henry J. Stewart D.O.</u>	(Degree or title) <u>2</u>	22b. ADDRESS <u>Sturgeon, Mo</u>
		22c. DATE SIGNED <u>4-18-59</u>

23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE <u>April 19-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>South of Clark Mo.</u>
24. FUNERAL DIRECTOR <u>Cata Funeral Home, Moberly Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Shelbourne</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Jerry P. Carter* .....

Licensed Embalmer No. *4906* .....

P. O. Address *Moberly, Mo.* .....

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.