

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002721

FILED VS FEB 10 1960

STATE FILE NUMBER

Registration District No. 67 Primary Registration District No. 3049 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Pemiscot</u>		Length of stay in 1b	c. CITY OR TOWN <u>Hayti</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>507 East Madison</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Leon Edward Chism Sr.</u>			4. DATE OF DEATH Month Day Year <u>January 21, 1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1914</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>3 27</u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Plumbing & Heating & Hardware</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hayti, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ollie E. Chism</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha A. George</u>		14. NAME OF HUSBAND OR WIFE <u>Frances G. Hill Chism</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO. <u>498-03-2457</u>	17. INFORMANT <u>Frances Chism</u> Address <u>507 East Madison Hayti, Mo</u>
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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>Fractured Skull & Chest Internal Injuries</u> DUE TO (b) <u>Automobile accident</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>Hours 1 a.m. 1-21-60</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway No 84</u>	20f. CITY, TOWN, OR LOCATION <u>2 Miles W. Cantonville, Pemiscot, Mo.</u>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Hours 1 - A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>James C. Polun, Coroner</u>		22b. ADDRESS <u>Warsaw, Mo</u>		22c. DATE SIGNED <u>1-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cem.</u>	23d. LOCATION (City, town, or county) <u>Hayti, Mo</u>	(State)
24. FUNERAL DIRECTOR <u>John W. Herman</u>		ADDRESS <u>Hayti, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-23-60</u>	26. REGISTRAR'S SIGNATURE <u>L. (Hilda) Adams</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1960 FEB 10 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, N

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.