

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009855

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 11

FILED VS MAR 16 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE City		Length of stay in 1b 1 Day		c. CITY OR TOWN SALINE TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 S. CHESTNUT			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) HUNTINGTON, MO R1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle HASELTINE Last CHISHAM			4. DATE OF DEATH Month MARCH Day 4 Year 1961					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-11-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) RALLS COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM J. CHISHAM			13b. MOTHER'S MAIDEN NAME ALICE BELL		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT W.B. Thompson Address Huntington Mo R1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary infarction							INTERVAL BETWEEN ONSET AND DEATH 20 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Valvular heart disease with myocardial failure							5 years	
DUE TO (c) Diabetes							5 years	
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 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.		Month, Day, Year						
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 Feb 5, 1961 to March 1, 1961 and last saw her ^{her} him alive on March 1, 1961 Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. Canella M</i> (Degree or title)				22b. ADDRESS 707 Bdwy, Hannibal, Mo.		22c. DATE SIGNED 3-6-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-7-61	23c. NAME OF CEMETERY OR CREMATORY BRUSH CREEK CEMETERY		23d. LOCATION (City, town, or county) (State) RALLS COUNTY, MO				
24. FUNERAL DIRECTOR Wilson & Sons ADDRESS Monroe City Mo			25. DATE RECD. BY LOCAL REG. Mar. 7-1961		24. REGISTRAR'S SIGNATURE <i>Elaine Miller</i>			

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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson _____

Licensed Embalmer No. 3014 _____

P. O. Address Monroe City, 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.