

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14801**

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5107</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) / c. LENGTH OF STAY (In this place) OR TOWN Rural, West White / 8 weeks				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, West White Twsp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 4, Windsor				d. STREET ADDRESS (If rural, give location) RFD # 2, Windsor			
3. NAME OF DECEASED (Type or Print) a. (First) Church b. (Middle) G. c. (Last) Christian			4. DATE OF DEATH (Month) May (Day) 18 (Year) 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 25, 1866	
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 6 Days 23		11. UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME John Will Christian		13b. MOTHER'S MAIDEN NAME Julia Blythe	
14. NAME OF HUSBAND OR WIFE Lillie McDaniel Christian				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'S SIGNATURE OR NAME Warren Christian, Windsor, Mo.				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Nephritis		19. INTERVAL BETWEEN ONSET AND DEATH 8 yrs.	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				21. OTHER SIGNIFICANT CONDITIONS		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Windsor Henry Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) No injury		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 6, 1945 , to May 17, 1949 , that I last saw the deceased alive on May 15, 1949 , and that death occurred at 10:00 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Blackmore M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 5-20-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-49		24c. NAME OF CEMETERY OR CREMATORY Harmony		24d. LOCATION (City, town, or county) (State) Benton County, Missouri	
DATE REC'D BY LOCAL REG. 5-20-49		REGISTRAR'S SIGNATURE E. L. Eichhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED

District Health Officer No. 7,

District File Number 4-4951

Date Filed 5-24-4

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
Student Embalmer

Signed

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.