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FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26682

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 792

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> 39	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>K. CAMPBELL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>K. CAMPBELL</b>	
c. LENGTH OF STAY (In this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2616 West State St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2616 West State St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mossie</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Christian</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 4 - 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 1 - 1871</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home Maker</b>	11. BIRTHPLACE (State or foreign country) <b>Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Jack Acutt</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Hill</b>	14. NAME OF HUSBAND OR WIFE (deceased) <b>I. D. Christian</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Beta Owen</b>	ADDRESS <b>2616 West State St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		<b>4-201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>Acute Intentional Poisoning</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-3-1949**, to **9-4-1949**, that I last saw the deceased alive on **9-3-1949**, and that death occurred at **9:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. S. Feller</b>	23b. ADDRESS <b>609 Cherry Springfield, Mo.</b>	23c. DATE SIGNED <b>9/6-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Sept. 8 - 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>9-6-49 W. E. Handley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene A. Brown</b>	ADDRESS <b>Walnut Street</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed Clarence D Noble

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ash Grove

**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.