

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3741

021

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAVANNAH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAVANNAH 0021	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Manner c. (Last) Christianson			4. DATE OF DEATH (Month) (Day) (Year) 2 - 21 - 1950		
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-10-1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 7 IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY SAVANNAH		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Peter Christianson	13b. MOTHER'S MAIDEN NAME Jemie Cobb	14. NAME OF HUSBAND OR WIFE Jennie Christianson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie Christianson ADDRESS SAVANNAH

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 2-21, 1950, to 2-21, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Dress or title) Lilbert B. Kelly, M.D.	23b. ADDRESS Savannah, Mo.	23c. DATE SIGNED 2-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-24-1950	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH MO
DATE REC'D BY LOCAL REG. 2-25-55	REGISTRAR'S SIGNATURE Lilley Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Breit Fanera	ADDRESS Home SAVANNAH

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

MAR 2 1950

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.....

E. C. Breit

Signed.....

Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *Swanwick 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.