

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4334**

FILED FEB 23 1950

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **8**

2762

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

1. PLACE OF DEATH a. COUNTY COOPER b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE c. LENGTH OF STAY (in this place) LIFE d. FULL NAME OF HOSPITAL OR INSTITUTION RAVENSWAY HOSPITAL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY COOPER c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE d. STREET ADDRESS (If rural, give location) 308 EAST HIGH STREET		
3. NAME OF DECEASED (Type or Print) HENRY HOFER CHRISTMAN a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2 - 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 10-1877	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) BOONVILLE - MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLOTHING MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING STORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY CHRISTMAN		13b. MOTHER'S MAIDEN NAME MATILDA HOFER		14. NAME OF HUSBAND OR WIFE ELLA CHRISTMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ELLA CHRISTMAN - BOONVILLE MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION 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. General arteriosclerosis with coronary disease of R. leg. + spasm of left leg. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION None		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)		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 Dec 15, 1949, to Feb 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 12 a. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Alena Ravenway M.D.</i> (Degree or title)			23b. ADDRESS Boonville, Mo.		
23c. DATE SIGNED 2-2-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 5-1950		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	
24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.					
DATE REC'D BY LOCAL REG. Feb 3-1950		REGISTRAR'S SIGNATURE <i>De Cooper</i> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME - BOONVILLE MO	

RECEIVED

FEB 2

MAR 9 1950

District Health Officer No. 8.

District File Number _____

Date Filed 2-21-50

SEP 11 1967

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 _____

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

Student _____
Student Embalmer

Signed James W. Stegner
Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.