

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 328 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage <u>0493</u>	
c. LENGTH OF STAY (In this place) <u>84 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1006 Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Oak St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CALVIN</u>	b. (Middle) <u>WELTON</u>	c. (Last) <u>CHRISTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1950</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Sept 22, 1865</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR (Months) (Days) IF UNDER 14 HRS. (Hours) (Min.) <u>84</u> <u>5</u> <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired livestock dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>livestock dealer</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Solomn Christy</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Crum Christy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Matt Periman, 1006 Oak, Carthage, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 April, 1946, to March, 1950, that I last saw the deceased alive on 10 March, 1950 and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. E. Baker M.D.</u>	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>3-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mch 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emmanuel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-15-50</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>
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Per H. Ferguson Embalmer's Statement on Reverse Side)

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

493

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-168

Date Filed 3-20-50

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.