

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14150

State File No.

FILED MAY 1 1950

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 0430 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROCKER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROCKER</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Christeson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 15, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>10</u> IF UNDER 11 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>Joseph Christeson</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth GAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA Christeson</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Christeson</u> ADDRESS <u>Crocker, R3 Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>		331X
*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 (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from April 14, 1950, to ONLY, 19 , that I last saw the deceased alive on April 14, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Michalevich D.O.</u>		23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>4/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>PULASKI Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-28-50</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedge</u> ADDRESS <u>Meria, Mo.</u>		

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

RECEIVED 4/27/50
Pulaski County Health Officer
File Number.....
Date Filed 4/28/50.....

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 *Walter P. Nease*.....

Licensed Embalmer No. *14265*.....

P. O. Address *Merida, 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.