

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17067

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>95</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u>		c. LENGTH OF STAY (In this place) <u>4y-8M-12D</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independence</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>				d. STREET ADDRESS (If rural, give location) <u>509 North Main</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM H. CHRISTIE</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>5-9-1879</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Versailles Indiana</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John S. Christie</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Conyers</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Christie</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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home, Rt. #4</u>		ADDRESS <u>Indep. Mo.</u>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia - Debility</u>				<u>4200</u>	
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) (Min.)		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 <u>March 9, 1950</u> , to <u>May 14, 1950</u> , that I last saw the deceased alive on <u>May 12, 1950</u> and that death occurred at <u>11:55 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. [Signature]</u>				(Degree or title) <u>no</u>		23b. ADDRESS <u>1018 Bond Bldg. Independence Mo.</u>		23c. DATE SIGNED <u>5/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-16-50</u>		REGISTRAR'S SIGNATURE <u>Donald C. Carshaw</u>		379		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo C. Carson</u>		ADDRESS <u>Independence Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 26 1953

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.

Signed.....
Student Embalmer

Signed *John M. Heiman*

Licensed Embalmer No. *4704*

P. O. Address *Independence 7*

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.