

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32424

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>63</u>			
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>2 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jay Mo</u>		0570			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>			a. (First)		b. (Middle)		c. (Last) <u>Christman</u>		
4. DATE OF DEATH <u>Sept. 17, 1950</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>April 4 1864</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Madison Fisher</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Hamilton</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Barclay Bartelou</u>		ADDRESS <u>Jay 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, asphyxia, 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>neuron hypertensive bleed</u>				DUE TO (b) <u>Hypertensive Cordis-vascular</u>				1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>renal disease</u>				DUE TO (c) <u>renal disease</u>				<u>within</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>myocarditis chronic with</u>								<u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>congestive heart failure</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Oct. 22, 1948</u> , to <u>Sept. 17, 1950</u> , that I last saw the deceased alive on <u>Sept 16, 1950</u> , and that death occurred at <u>2:50pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harold M. O'Connell M.D.</u>				23b. ADDRESS <u>Warrenton Mo.</u>		23c. DATE SIGNED <u>Sept 17 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 19 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jay Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jay Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-23-50</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>		ADDRESS <u>Jay Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT - 3 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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.....

*Wayne M. Cary*  
3586

Licensed Embalmer No. ....

P. O. Address.....  
*Troy 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.