

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33090

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5357		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Benton Twp		c. LENGTH OF STAY (in this place) 72 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Benton Township 0310			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#4, Pattonsburg, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D.#4, Pattonsburg, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie Virginia Christie			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Oct 16, 1950							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 11, 1878	
9. AGE (In years less birthday) 72 Yrs		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Pattonsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Caraway		13b. MOTHER'S MAIDEN NAME Ann Wilson		14. NAME OF HUSBAND OR WIFE Owen L. Christie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Owen L. Christie, Pattonsburg, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal hemorrhage DUE TO (c) hydrostatic pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 to 2 yrs 4 days 2 days 151 X	
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)		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 Sept 15, 1950, to Oct 16, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 3:20m., from the causes and on the date stated above.							
23a. SIGNATURE O. E. Webster (Degree or title)				23b. ADDRESS Pattonsburg, Mo.		23c. DATE SIGNED Oct 18, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 18, 1950		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Pattonsburg, Missouri	
DATE REC'D BY LOCAL REG. 21 Oct. 1950		REGISTRAR'S SIGNATURE Virginia M. Engle		25. FUNERAL DIRECTOR'S SIGNATURE Louis Lind		ADDRESS Pattonsburg, Mo.	

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



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

Louis J. West

Licensed Embalmer No. *4096*

P. O. Address *Pottsville, Pa.*

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.