

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10042  
78

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JACKSON</u>		c. LENGTH OF STAY (in this place) <u>36 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>JACKSON</u>		d. STREET ADDRESS (If rural, give location) <u>945 W. 1st. South</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>945 W. 1st. South</u>			d. STREET ADDRESS (If rural, give location) <u>945 W. 1st. South</u>		

3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			c. (Last) <u>CHRISTY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23, 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 22, 1873</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Elizabeth Town, Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>Wash Van Meter</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>Arbert Christy</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Floyd B. Hill Jackson Mo</u>				ADDRESS <u>Jackson 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical Spondylosis &amp; MI</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteritis</u>						
	DUE TO (c) <u>✓</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					<u>420 1</u>	

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 Oct 1950, to Jan 23, 1960, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. G. Schuler</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>Jan 10 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 1-51</u>	REGISTRAR'S SIGNATURE <u>D. G. Schuler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Lerauch</u>		ADDRESS <u>Jackson Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

161

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE No. 6

C.O. ....

**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: *Lyman Steele*

Licensed Embalmer No. 2476

P. O. Address *Jackman*

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.