

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8051

State File No. ....

FILED APR 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 307-A

396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1052 S. New</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>V.A. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>R.</u> c. (Last) <u>CHRISTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1951</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>August 4, 1896</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>	11. BIRTHPLACE (State or foreign country) <u>Arkadelphia, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elliot S. Christy</u>	
13b. MOTHER'S MAIDEN NAME <u>Lois Dunne</u>		14. NAME OF HUSBAND OR WIFE <u>Fern Christy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW One</u>		16. SOCIAL SECURITY NO. <u>Unkn.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VAH Records, VAH., Springfield, Mo.</u> ADDRESS _____			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recent Cerebral Infarction, left.</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (1) <u>Emphysema, bilateral, marked.</u> (2) <u>Chronic Cor Pulmonale</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>331X</u>	
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) (Minute) _____	
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 30, 1951, to April 4, 1951</u> , the dates on which I attended the deceased, and that death occurred at <u>11:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Raul L. Eisele</u> Chief, 0 (Degree or title)		23b. ADDRESS <u>Professional Services, VAH., Springfield, Mo.</u>	
23c. DATE SIGNED <u>4-5-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>April 7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. KINGNER &amp; Co.</u> ADDRESS <u>SPRNGFD</u>	
DATE REC'D BY LOCAL REG. <u>4-7-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

APR 25

**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 William B. Cortell

Licensed Embalmer No. 4820

P. O. Address Springfield, 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.