

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12083**  
Registrar's No. **26**

|                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                             |  |                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                      |  | REG. DIST. NO. <b>101</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | PRIMARY REG. DIST. NO. <b>5395</b>                                                                                                          |  | Registrar's No. <b>26</b>                                                        |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Douglas</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b> |  |                                                                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava, R.</b>                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava, Rural</b> <b>0340</b>                                  |  |                                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | d. STREET ADDRESS (If rural, give location) <b>0</b>                                                                                        |  |                                                                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                               |  | a. (First) <b>Elmer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | b. (Middle) <b>E.</b>                                                                                                                       |  | c. (Last) <b>Christian</b>                                                       |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                     |  | (Month) <b>4</b> (Day) <b>10</b> (Year) <b>51</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                             |  |                                                                                  |  |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                   |  | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                                                                       |  | 8. DATE OF BIRTH <b>2-5-74</b>                                                   |  |
| 9. AGE (In years last birthday) <b>77</b>                                                                                                                                                                                                            |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>                                                                                                                                                                                                                                                                                                                                              |  | 11. BIRTHPLACE (State or foreign country) <b>Nishna Botna, Mo.</b>                                                                          |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                          |  |
| 13a. FATHER'S NAME <b>Robert Euwing Christian</b>                                                                                                                                                                                                    |  | 13b. MOTHER'S MAIDEN NAME <b>MaryJane Holdway</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 14. NAME OF HUSBAND OR WIFE <b>Kate Polk Christian</b>                                                                                      |  |                                                                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                          |  | 16. SOCIAL SECURITY NO. <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Charles E. Christian</b> ADDRESS <b>3916 Waverly</b>                                                   |  |                                                                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Urinary</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Nephritis</b><br>DUE TO (c) <b>Chronic Myocarditis</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH                                                 |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                         |  | 19b. MAJOR FINDINGS OF OPERATION <b>42'22</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                             |  | 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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>4-10</b> , 19 <b>51</b> , and that death occurred at <b>9:55P</b> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                             |  |                                                                                  |  |
| 23a. SIGNATURE <b>M. C. Gentry</b> (Degree or title) <b>M.D.</b>                                                                                                                                                                                     |  | 23b. ADDRESS <b>Ava, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 23c. DATE SIGNED <b>4-14-51</b>                                                                                                             |  |                                                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                              |  | 24b. DATE <b>4-12-51</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Hollow</b>                                                                                    |  | 24d. LOCATION (City, town, or county) (State) <b>Ava, Missouri</b>               |  |
| DATE REC'D BY LOCAL REG. <b>4-30-51</b>                                                                                                                                                                                                              |  | REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinkingbeard Funeral Home, Ava, Mo.</b>                                                        |  |                                                                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 7 1938

Dist. File 531-9138

Date Filed 5-9-38

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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

*Lyle C. Clinkingbeard*

Licensed Embalmer No. 4830

P. O. Address Ala; 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.