

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3996

State File No.

No. 300
10.48

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 251

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

1. PLACE OF DEATH a. COUNTY <u>C Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>C Buchanan</u>	
b. CITY OR TOWN <u>St Joseph</u>		c. CITY OR TOWN <u>St Joseph</u> <u>0110</u>	
c. LENGTH OF STAY (in this place) <u>54-172. 60 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>			

3. NAME OF DECEASED (Type or Print) <u>Christ</u>			a. (First)			b. (Middle)			c. (Last) <u>Dalli</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1952</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>not given</u>			9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						

13a. FATHER'S NAME <u>not given</u>			13b. MOTHER'S MAIDEN NAME <u>not given</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>County Court St Joseph Mo</u>			ADDRESS <u>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>Yangrene of legs</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arterio sclerosis</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy & Mental Deficiency</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>						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) (Min.)		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 Jan 1, 1952, to March 2, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 7:40 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>St Joseph Mo 12 State Hosp No 2</u>		23c. DATE SIGNED <u>3/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>School of Osteopathy</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry St Jo Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MARCH 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casel</u>		ADDRESS	

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.