

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28576

5601 State File No. 28576
3032 Registrar's No. 116

FILED SEP 9 - 1952

BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 116			
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 81 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg Twp.		d. STREET ADDRESS (If rural, give location) 0510 Pertle Springs			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Baile c. (Last) Christopher				4. DATE OF DEATH (Month) (Day) (Year) Aug. 25 1952					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 31, 1855			
9. AGE (In years last birthday) 97		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Preble Co., Ohio			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Baile		13b. MOTHER'S MAIDEN NAME Sarah Livina Eby		14. NAME OF HUSBAND OR WIFE Joseph C. Christopher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Clara Christopher, Warrensburg					
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) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: 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				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)		794X			
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 7/24 8/18/1952, that I last saw the deceased alive on 8/18/52, 1952, and that death occurred at 12:05 P. M., 8/18/52, from the causes and on the date stated above.									
23a. SIGNATURE Charles M. Liden, M.D. (Degree or title)				23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 8/27/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/27/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri			
DATE REC'D BY LOCAL REG. Aug. 27, 1952		REGISTRAR'S SIGNATURE Savannah Cristofolini 147-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo					

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

RECEIVED
SEP 3 1952
JOHNSON COUNTY HEALTH DEPT.

MRS
FEB 3 1969

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 R. A. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.