

OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31413

State File No.

8

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - West White Township</u> | |
| c. LENGTH OF STAY (In this place) <u>2 days</u> | | d. STREET ADDRESS (If rural, give location) <u>R#2, Windsor</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHAUNCEY</u> b. (Middle) <u>B</u> c. (Last) <u>CHRIST</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1952</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Apr. 22, 1874</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> | IF UNDER 24 HRS. Hour <u>1</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Sedalia Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Hesekiah Christ</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Ann Ewers</u> | 14. NAME OF HUSBAND OR WIFE <u>Carrie Steele Christ</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Byron Christ, R#2, Windsor, Mo</u> | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hr.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 Sept. 30, 1952, to Oct 2, 1952, that I last saw the deceased alive on 9th, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Claude M. Shuber, M.D.</u> | 23b. ADDRESS <u>114 N. Main Windsor Mo</u> | 23c. DATE SIGNED <u>10/5/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-5-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county), (State) <u>Sedalia, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct-5-52</u> | REGISTRAR'S SIGNATURE <u>Florence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair Huston-Turner</u> | ADDRESS <u>Windsor, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 M. Turner

Licensed Embalmer No. 4648

P. O. Address Quincy, 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.