

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42216

State File No. \_\_\_\_\_

5289

No. 300  
10-48

**FILED** DEC 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3578			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's</u>				d. STREET ADDRESS (If rural, give location) <u>3315 MORNINGTON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u>		b. (Middle) <u>HARPER</u>		c. (Last) <u>CHRISTENSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 2 52</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12/3/87</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Buffalo N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>MARSHALL KINGSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>IDA VASBURY</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE CHRISTENSEN</u>					
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev Ralph Harper</u>		ADDRESS <u>K.C. 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>Hypostatic pneumonia</u>				DUE TO (b) <u>Cerebral Vascular thrombosis</u>				14 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>HCU D</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>undetermined</u>	
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)					
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 <u>9-20-52</u> , 19 <u>  </u> , to <u>12-2-52</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>12-2-52</u> , 19 <u>  </u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Robert Nigro</u> (Degree or title) <u>MD MD</u>				23b. ADDRESS <u>1222 McGee St., K.C., Missouri</u>			23c. DATE SIGNED <u>12-3-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAH</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>12-4-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SHELL'S</u> ADDRESS <u>K.C. MO</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 4 1953  
NEW YORK

**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 \_\_\_\_\_

*J. P. Sheil*

Licensed Embalmer No. 3625

P. O. Address Kilmea

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.