

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 31 1953

BIRTH NO. ... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 913

I. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR TOWN St. Joseph c. LENGTH OF STAY 35 years d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 S. 15th St.

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph d. STREET ADDRESS 1110 S. 15th St.

3. NAME OF DECEASED a. (First) Ella b. (Middle) N. c. (Last) Christman 4. DATE OF DEATH August 18, 1953

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 8. DATE OF BIRTH January 25, 1889 9. AGE 64

10a. USUAL OCCUPATION housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE Douglas County, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Wallace 13b. MOTHER'S MAIDEN NAME Cynthia Page 14. NAME OF HUSBAND OR WIFE George E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Justice, 1110 S. 15th, St. Joseph

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 18, 1953 to Aug 18, 1953, that I last saw the deceased alive on Aug 18, 1953, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Collis Roundy M.D. 23b. ADDRESS Kirtspatrick Bldg. 23c. DATE SIGNED Aug 19, 1953

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 8/25/1953 24c. NAME OF CEMETERY OR CREMATORY Bowman Cemetery 24d. LOCATION Hamilton, Missouri

DATE REC'D BY LOCAL REG. Aug 27, 1953 REGISTRAR'S SIGNATURE Esther M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE Weston - Bowman Funeral Home ADDRESS St Joseph, Mo.

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

W E Babcock

Licensed Embalmer No. *4791*

P. O. Address *319 So 10 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.