

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 68  
Registrar's No. 68

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5282

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Revere</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Revere Mo</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Sweet Home Tp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sweet Home Tp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flornie Samuel</u> b. (Middle) <u>Christman</u> c. (Last) <u>Christman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1953</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>never married</u>	8. DATE OF BIRTH <u>6-7-1899</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>54</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman +</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Waterloo, Clarke Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. Christman</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Brown</u>	14. NAME OF HUSBAND OR WIFE <u></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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Christman</u>	ADDRESS <u>Revere Mo.</u>
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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>today</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u></u>
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22. I hereby certify that I attended the deceased from 11-7-53 to 11-8-53, 1953, that I last saw the deceased alive on 11-7-53, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Perry J. Borton Coroner</u>	23b. ADDRESS <u>Kahoka, Mo.</u>	23c. DATE SIGNED <u>11-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-53</u>	24c. NAME OF CEMETERY OR CRYMATORY <u>Kahoka Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-13-53</u>	REGISTRAR'S SIGNATURE <u>A. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karle</u>	ADDRESS <u>Kahoka Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1964

**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

*Fred Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kahoka, 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.