

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15485**

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4196</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>				
b. CITY OR TOWN <u>Darlington</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Darlington</u>		0380		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>			b. (Middle) <u>Lester</u>		c. (Last) <u>Christian</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 3, 1890</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR <u>1</u> Months		IF UNDER 1 YEAR <u>4</u> Days		IF UNDER 1 MIN. <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Lenox Knight Christian</u>			13b. MOTHER'S MAIDEN NAME <u>Sally Ann Sloan</u>		14. NAME OF HUSBAND OR WIFE <u>Sue M. Christian</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>498 24 7617</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. L. Christian Darlington, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic stenosis</u>				DUE TO (b) <u>arterio sclerosis</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Senility</u>				
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 <input type="checkbox"/> NO <input 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)		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>June 7, 1954</u> , to <u>June 7, 1954</u> , that I last saw the deceased alive on <u>June 7, 1954</u> , and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul C. Musselman do 2</u>				23b. ADDRESS <u>Stanbery Mo.</u>		23c. DATE SIGNED <u>6/10/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rouse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Darlington Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 10 - 54</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Smith</u>		ADDRESS <u>Albany Mo.</u>		

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.