

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18702

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 1

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>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>204 S. Lebo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Witzel Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>CHRISTIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1954</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 3, 1879</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Mo. U.S.A.</u>	
12. COUNTRY?		13a. FATHER'S NAME <u>John W. Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie E. Wyatt</u>	
14. NAME OF HUSBAND OR WIFE <u>Hugh Christian</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Christian</u>		17. ADDRESS <u>Clinton, 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, asthma, 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>Anaemia & Rehabilitation</u>		DUE TO (b) <u>Carcinomatosis</u>				<u>60 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertrophied of Rt Kidney</u>				<u>undetected</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>180X</u>					

19a. DATE OF OPERATION <u>5-12-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Large innumerable right kidney</u>				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)		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 9-6, 1954 to 6-18, 1964, that I last saw the deceased alive on 6-18, 1954 and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>June 19, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glendale</u>	
24d. LOCATION (City, town, or country) <u>Herrmons, Iowa</u>					

DATE REC'D BY LOCAL REG. <u>June 22-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> 427		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Curly</u>		ADDRESS <u>Windsor, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 1954

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 Hudson, 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.