

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22822

State File No.

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>4218</u> | | Registrar's No. <u>37</u> | |
| 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>Benton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West White Township</u> | | | |
| c. LENGTH OF STAY (In this place) | | | | d. STREET ADDRESS (If rural, give location) <u>R# 4, Windsor 0081</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>CARRIE</u> | | b. (Middle) <u>SHEPHERD</u> | | c. (Last) <u>CHRISTIAN</u> | |
| 4. DATE OF DEATH | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Jan 16, 1870</u> | | 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ligonier, Indiana</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Joel C. Shepherd</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Weaver</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank C. 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>Frank C. Christian, Windsor, Mo</u> | | ADDRESS | |
| 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 | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| ANTECEDENT CAUSES | | | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| DUE TO (b) <u>arterial sclerosis</u> | | | | | | | |
| DUE TO (c) <u>chronic arthritis</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 | | 7220 | | 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 <u>July 16, 1954</u> to <u>July 17, 1954</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. A. Blackmore, M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>Windsor, Mo.</u> | | 23c. DATE SIGNED <u>7/20/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-20-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u> | | 24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>July 20-54</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 427 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner, Windsor, Mo</u> | |
| ADDRESS | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address *Windsor 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.