

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30084**

BIRTH NO. _____		REG. DIST. NO. <b>71</b>		PRIMARY REG. DIST. NO. <b>3012</b>		Registrar's No. <b>99</b>	
1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>CHRYSTON</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Excelsior Springs</b>		c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		c. CITY OR TOWN <b>TURNEY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAKE MAUER</b>				e. STREET ADDRESS (If rural, give location) <b>025</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b>		b. (Middle) <b>N.</b>		c. (Last) <b>CHRISTOPHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept- 11-1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Oct. 18-1891</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RURAL MAIL CARRIER - U.S. POSTAL DEPT.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>TURNEY Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>CHAS. HENRY CHRISTOPHER</b>		13b. MOTHER'S MAIDEN NAME <b>HATTIE FLORENCE FIRKINS BUELAN MOODY CHRISTOPHER</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Buelah Christopher Turney, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) m.		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 <b>July 19, 1954</b> , to <b>9-11</b> , 1954, that I last saw the deceased alive on <b>Aug 10, 1954</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>9-15-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lathrop Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lathrop Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-17-54</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DeMoss Creek Cameron, Mo</b>			

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

SEP 30

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.....  
Signature of Student Embalmer

Signed *Harold L. Walker*.....

Licensed Embalmer No. *4258*.....

P. O. Address *Lethrop, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.