

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4479**

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **140-B**

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield, Mo.		c. CITY OR TOWN Long Lane, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) WEEK		e. STREET ADDRESS (If rural, give location) RURAL 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1213 North Lyon			
3. NAME OF DECEASED a. (First) Asmtha		b. (Middle) Elizabeth	
c. (Last) Christaid		4. DATE OF DEATH (Month) (Day) (Year) Feb 11 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 29, 1896
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months 3 Days 13 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Long Lane, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME T.F. Logan		13b. MOTHER'S MAIDEN NAME Dorothy GARDY	
14. NAME OF HUSBAND OR WIFE Deceased			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Franklin P. Christian ADDRESS Kennett, Mo.	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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) (Min.)	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 **Jan 1954**, to **2-11**, 1955, that I last saw the deceased alive on **2-11**, 1955, and that death occurred at **6:10 am.**, from the causes and on the date stated above.

23a. SIGNATURE D.O. Lammson M.D. (Degree or title)	23b. ADDRESS Buffalo Mo.	23c. DATE SIGNED 2-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb 13 1955	24c. NAME OF CEMETERY OR CREMATORY Liberty
24d. LOCATION (City, town, or county) (State) DALLAS Missouri	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones ADDRESS Buffalo, Mo.	
DATE REC'D BY LOCAL REG. 2-21-55	REGISTRAR'S SIGNATURE Edith Williamson	

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

10/12/12
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 *Mrs. B Jones*.....

Licensed Embalmer No. *4321*

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