

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5411

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>2 Mo. 22 Days</u>	c. CITY OR TOWN <u>Newburg Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Klepser Geriatric Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS _____		(If rural, give location) <u>0810</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Jane</u> c. (Last) <u>Christson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 12, 1867</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Issac Ragan</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>J. P. Christson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard McMasters</u> ADDRESS <u>Edina, 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>Brain Hemorrhage</u>		ANTECEDENT CAUSES		<u>1 day</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 (b) <u>Hypertension</u>		<u>10 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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) <u>331X</u>	
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 Nov 29, 1954, to Feb. 20, 1955, that I last saw the deceased alive on Feb 20, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William W. Kessler</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Edina, Missouri</u>		23c. DATE SIGNED <u>2/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 26 1955</u>	REGISTRAR'S SIGNATURE <u>W. S. Hunsolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Hunsolt</u> ADDRESS <u>Edina, Mo</u>		

**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 [REDACTED]..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Mrs. J. W. Henderson*.....

Licensed Embalmer No. *29*.....

P. O. Address *Edina*.....

**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.**