

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7558

State File No.

FILED APR 4 1955

BIRTH NO. 13154-55 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville Twp.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2-Miles N.E. Keytesville			d. STREET ADDRESS (If rural, give location) 2-Miles N.E. Keytesville		

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Eugene c. (Last) Christopher			4. DATE OF DEATH March 25th, 1955		
5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH March 24th, 1955		9. AGE (In years last birthday) 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 2-Miles N.E. Keytesville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James R. Page		13b. MOTHER'S MAIDEN NAME Sue Christopher		14. NAME OF HUSBAND OR WIFE Baby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R.P. Christopher ADDRESS Keytesville, Mo.	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		II. OTHER SIGNIFICANT CONDITIONS: Prematurity					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory failure DUE TO (c) Continuous oxygen lack							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7735				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 Mar 24, 1955, to Mar 24, 1955, and that death occurred at 10:30 A., from the causes and on the date stated above.

23a. SIGNATURE Walter E. Hunter (Degree or title) D.D.		23b. ADDRESS Keytesville Mo		23c. DATE SIGNED 3-26-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Keytesville, Mo.	
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DATE REC'D BY LOCAL REG. 3-31-55		REGISTRAR'S SIGNATURE Blyde A. Bond		25. FUNERAL DIRECTOR'S SIGNATURE Walter E. Hunter ADDRESS Keytesville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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~~
This body was not embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *N. D. G...*

Licensed Embalmer No. *3046*

P. O. Address *Haystack, Me.*

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.