

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8664

State File No.

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY OR TOWN <u>Higginsville</u> | | c. CITY OR TOWN <u>Higginsville</u> <u>0541</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 Fairground Ave.</u> | | d. STREET ADDRESS (If rural, give location) <u>500 Fairground Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EARL</u> | b. (Middle) <u>M.</u> | c. (Last) <u>CHRISTIAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1955</u> |
|--|------------------------|-----------------------|----------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 2 1883</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Taxi</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Taxi</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Marion Christian</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Burd</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna Lee Christian</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Lee Christian</u> | ADDRESS <u>Higginsville</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion, acute</u> | | 5 yrot |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u></u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u></u> |
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22. I hereby certify that I attended the deceased from JUNE, 1950, to MAR. 14, 1955, that I last saw the deceased alive on MAR. 18, 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Edwin Wilson, D.O.</u> (Degree or title) | 23b. ADDRESS <u>1815 Main Higginsville Mo</u> | 23c. DATE SIGNED <u>3/15/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 16 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u> |
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| DATE RECD BY LOCAL REG. <u>March 17-1955</u> | REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Hader</u> | ADDRESS <u>Higginsville, Mo.</u> |
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(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Forest R. Phelps

Licensed Embalmer No. *14284*

P. O. Address *Higgsville, 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.