

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21745**

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4197** Registrar's No. **85-**

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY OR TOWN Stanberry MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION 210, East Main St.		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) 0380	

3. NAME OF DECEASED (Type or Print) Mr. Arthur Samuel Christenson			4. DATE OF DEATH July 25 1955		
a. (First)			b. (Middle)		
c. (Last)			5. SEX male		
6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Aug 16 1880			9. AGE (In years last birthday) 74		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor Church Paper			10b. KIND OF BUSINESS OR INDUSTRY Church Of God		
11. BIRTHPLACE (City and State or Foreign Country) Two Rivers Wisconsin			12. CITIZEN OF WHAT COUNTRY? U. S. A		

13a. FATHER'S NAME N. N. Christenson		13b. MOTHER'S MAIDEN NAME Ida Kloss		14. NAME OF HUSBAND OR WIFE Mrs. Ella Christenson	
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 Mrs. Ella Christenson	
17. ADDRESS Stanberry, MO					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH years.	
ANTECEDENT CAUSES		DUE TO (b) Unknown		months	
DUE TO (c) 4200		II. OTHER SIGNIFICANT CONDITIONS Old Rheumatic Valvular Deformity		years	
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 **Dec 19, 1952**, to **July 25, 1955**, that I last saw the deceased alive on **July 23, 1955**, and that death occurred at **5:50a m.**, from the causes and on the date stated above.

23a. SIGNATURE Clifford L. Barten M.D. (Degree or title)		23b. ADDRESS Stanberry, Mo.		23c. DATE SIGNED July 26, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/27/55		24c. NAME OF CEMETERY OR CREMATORY High Ridge	
24d. LOCATION (City, town, or county) Stanberry Gentry, Mo.		24e. STATE Mo.			

DATE REC'D BY LOCAL REG. July 27-55		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE Leroy F. Phillips	
ADDRESS Stanberry, Mo.		ADDRESS Stanberry, Mo.			

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

6.300
0.48
81

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

~~working under my personal supervision..~~

~~Student~~
Signature of Student Embalmer

Signed *Lacey J. Shultz*
Licensed Embalmer No. *18*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Falsely 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.