

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28997**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1027**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>2906 Charles Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>D.O.A. Missouri Methodist Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anton</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Christophersen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 19, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 24, 1890</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Incharge of inventory</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rosser Frazer Supply Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Keats, Kansas.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Hans Christophersen</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Forseman</b>	14. NAME OF HUSBAND OR WIFE <b>Mary B. Christophersen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give type or date of service) <b>***** 509-07-5640</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Philip H. Christophersen</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>Immediate</b>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Coronary arterioscleriosis</b> DUE TO (c) <b>4201</b>		<b>6 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-3-**, 19**54**, to **9-19-**, 19**55**, that I last saw the deceased alive on **4-3-**, 19**55**, and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Rebermo</b>	(Degree or title)	23b. ADDRESS <b>207 Phy. and Surg. Bldg.</b>	DATE SIGNED <b>9-21-55</b>
		<b>St. Joseph, Missouri</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 21, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 27, 1955</b>	REGISTRAR'S SIGNATURE <b>Leather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer - Fleeman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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 .....\*\*\*\*.....\*\*\*\*, Student Embalmer No.....\*\*\*\* working under my personal supervision..

Student.....\*\*\*.....\*\*\*  
Signature of Student Embalmer

Signed.....*Edward C. Harrington*.....  
Licensed Embalmer No..3258..M

P. O. Address..St. Joseph, ..Ma

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.