

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35943

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Mokane</u>	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) <u>11 days</u>		e. STREET ADDRESS (If rural, give location) <u>0141</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Christopher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1955</u>			
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>11-20-76</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Howell Christopher</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Linnie Christopher</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hosp. Records - Ellis Fischel State ca. Hosp</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post Operative Peritonitis, Adenocarcinoma of carcinoma of colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Bony Metastases</u> DUE TO (c) <u>Low Intestinal Obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u> <u>No. Mos.</u>	
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19a. DATE OF OPERATION <u>1945</u>		19b. MAJOR FINDINGS OF OPERATION <u>Resection of Sigmoid for carcinoma</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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. 9, 1955 to Nov. 21, 1955, that I last saw the deceased alive on Nov. 20, 1955, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Victor M. Blasco M.D.</u>			23b. ADDRESS <u>Ellis Fischel State Cancer Hosp</u>		23c. DATE SIGNED <u>11/21/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton MD.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 23, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmox</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Daniel C. Browning*

Licensed Embalmer No. *272*

P. O. Address *Fulton*

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.