

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37358

State File No.

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 272 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Saline			
b. CITY OR TOWN Waverly		c. LENGTH OF STAY (In this place) 9 days	c. CITY OR TOWN Malta Bend		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Home			e. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) Gabriel Scott Christian			4. DATE OF DEATH Nov 12 1955 (Month) (Day) (Year)			
5. SEX male	6. COLOR OR RACE wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 7, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Grand Pass Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Isaac Christian		13b. MOTHER'S MAIDEN NAME Elizabeth Richardson		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. J. Christian Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carotid vascular embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442x			INTERVAL BETWEEN ONSET AND DEATH ? ?
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) 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 1, 1945, to 11-12, 1955, that I last saw the deceased alive on 11-12, 1955 and that death occurred at 2:00 P.M., from the causes and on the date stated above.						
23a. SIGNATURE Douglas Kelling, M.D.			23b. ADDRESS Waverly Mo		23c. DATE SIGNED 11-12-55	
24a. BURIAL CREMATION REMOVAL (Specify) in Rural	24b. DATE 11-12-55	24c. NAME OF CEMETERY OR CREMATORY Malta Bend		24d. LOCATION (City, town, or county) (State) Malta Bend Mo.		
DATE REC'D BY LOCAL REG. Nov. 12-1955		REGISTRAR'S SIGNATURE Peyton H. Landrum 154-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

300
46
40
PERMANENT RECORD
USING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.D. Campbell Jr.*

Licensed Embalmer No. *34*

P. O. Address *Marsh*

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