

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41162

State File No.

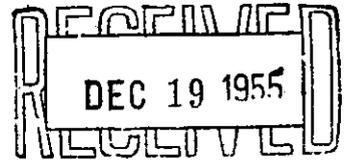
No. 300
10-48

FILED DEC 28 1955

BIRTH NO. 89090-55 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Warrensburg)		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		e. STREET ADDRESS (If rural, give location) Warrensburg Medical Center	
3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Drummond c. (Last) Christy		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, NEVER MARRIED	8. DATE OF BIRTH Dec. 11, 1955
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gregory A. Christy		13b. MOTHER'S MAIDEN NAME Dorothy I. Drummond	
14. NAME OF HUSBAND OR WIFE None		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 G.A. Christy, Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth (30 weeks gestation) INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776X	
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)		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 <u>12-11, 1955</u> , to <u>12-14, 1955</u> , that I last saw the deceased alive on <u>12-14, 1955</u> , and that death occurred at <u>5:24</u> m., from the causes and on the date stated above.	
23a. SIGNATURE R. Lee Cooper M.D. (Degree or title)		23b. ADDRESS Warrensburg Mo	
23c. DATE SIGNED 12/16/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips, Warrensburg, Mo. ADDRESS	
DATE REC'D BY LOCAL REG. Dec. 16, 1955		REGISTRAR'S SIGNATURE Savannah C. C. ...	

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



JOHNSON COUNTY HEALTH DEPT.

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 *John P. Rodgers*

Licensed Embalmer No..... 496
Warrensburg, Missouri
P. O. Address.....

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