

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41345

State File No. _____

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. CITY OR TOWN <u>Rural Warren Township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 Days</u>		STREET ADDRESS (If rural, give location) <u>Monroe City, Rt. #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>M</u> c. (Last) <u>CHRISTIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 11th 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 18 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph M. Christian</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Frederick</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS CHRISTIAN</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert D. Christian</u> ADDRESS <u>Monroe City, Mo. 64701</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>embolism Lt leg</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) <u>Arteriosclerosis Cardiovascular System</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4221</u>	

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 2nd m, 1955, to 11 Dec, 1955, that I last saw the deceased alive on 11 Dec, 1955, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wynne Hamlin M.D.</u> (Degree or title)	23b. ADDRESS <u>Palmyra Mo.</u>	23c. DATE SIGNED <u>13 Dec 1955</u>
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24a. BURIAL OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12:14th 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palmyra Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-13-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Leach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u> ADDRESS <u>Monroe City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1956

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED

DEC 15 1956

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, ~~on~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leslie L. Wilson*.....

Licensed Embalmer No. *30*.....

P. O. Address *Worwme city*.....

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.