

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4009

State File No.

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>New Bloomfield</u> c. LENGTH OF STAY (in this place) <u>5 1/2 mo</u>		c. CITY OR TOWN <u>Ashland</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN TOWN</u>		e. STREET ADDRESS (If rural, give location) <u>IN TOWN</u> <u>0150</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeanette</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Christian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9 - 56</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>Never Married</u>		8. DATE OF BIRTH <u>July 23 - 1875</u>		9. AGE (In years last birthday) <u>80</u> Months <u>7</u> Days <u>16</u>		IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk & Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
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13a. FATHER'S NAME <u>Thomas Christian</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Nichols</u>			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Claypool</u>				ADDRESS <u>New Bloomfield Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERNAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7955</u>						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)	
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 3-1-55, 19 , to 2-25, 1956, that I last saw the deceased alive on 2-25, 19 , and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.M. Haddwick M.D.</u>		23b. ADDRESS <u>Ashland Mo.</u>		23c. DATE SIGNED <u>3-10-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3/9/56</u>		REGISTRAR'S SIGNATURE <u>Leroy Claypool</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy Claypool</u>		ADDRESS <u>New Bloomfield Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
0140

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..... *Le Roy Clapp*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

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.