

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19615**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>623</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Green Acres R.F.D. #1</b> <b>0110</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlie</b>		b. (Middle) <b>(Cresto)</b>		c. (Last) <b>Crist</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>		8. DATE OF BIRTH <b>Sept. 2, 1886</b>	
9. AGE (In years to birthday) <b>79 yrs.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired steel worker &amp; Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel worker &amp; Miner</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Doi Torino, Italy</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Antonio Cresto</b>		13b. MOTHER'S MAIDEN NAME <b>Richeppa Caterina</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>703-03-0156</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph Acton, Green Acres, R.F.D. #1</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease with decompensation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>prior 1956</b>	
		ANCECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				DUE TO (b) <b>Arteriosclerosis with hypertension</b> <b>prior 1956</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
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)		<b>4200</b>	
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 <b>Feb 19, 1956</b> , to <b>May 26, 1956</b> , that I last saw the deceased alive on <b>May 26, 1956</b> and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <b>Dexter M. Smith M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>5/26/56</b>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>May 31, 1956</b>		<b>Mt. Olivet Cemetery</b>		<b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 12, 1956</b>		REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wendell J. Thomas Inc.</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Raymond H. Marche*.....

Licensed Embalmer No. 4413.....

P. O. Address St. Joseph, .....

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.