

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2364

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Dixon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville General</u>			Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Dolf</u> Middle <u>W.</u> Last <u>Christeson</u>				4. DATE OF DEATH Month <u>1</u> Day <u>14</u> Year <u>1957</u>							
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>9/22/1885</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Store</u>		11. BIRTHPLACE (City and state or country) <u>Pulaski County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>C. E. Christeson</u>				14. MOTHER'S MAIDEN NAME <u>Angelina Lowe</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>486-38-8184</u>		17. INFORMANT <u>Mrs. D. W. Christeson, Dixon, Missouri</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>											
DUE TO (c) <u>-</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>January 8 57</u> to <u>Jan. 14 57</u> and last saw <u>him</u> alive on <u>Jan. 14 1957</u> . Death occurred at <u>8:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>K. W. Milligan, M.D.</u> (Degree of title)					22b. ADDRESS <u>Dixon, Mo.</u>			22c. DATE SIGNED <u>16 Jan. 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/17/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>					
24. FUNERAL DIRECTOR <u>Fred H. Gilbert, Dixon, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>1-17-57</u>		26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>					

RECEIVED 1-19-57
Pulaski County Health Officer
File Number 7
Date Filed 1-17-57

FEB 19 1957

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 January 14 - 1957, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Paul H. Sellers

Licensed Embalmer No.

P. O. Address Dixon, Miss

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.