

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28573
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 3032 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Johnson)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	
c. FULL NAME OF (If NOT in hospital, give location) Weber Nursing Home HOSPITAL OR INSTITUTION 701 S. College		d. STREET ADDRESS (If outside, give location) 701 S. College Ave.	
3. NAME OF DECEASED (Type or print) First Effie Middle May Last Christy		4. DATE OF DEATH Month 8 Day 11 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1884
10a. USUAL OCCUPATION (Give kind of work done during last year or occupation if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lewis F. Wonderly		13b. MOTHER'S MAIDEN NAME Belle Longbottom	
14. NAME OF HUSBAND OR WIFE Lewis W. Christy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Paul Christy 402 W. Gay, Warrensburg, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Auricular Fibrillation DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331			INTERVAL BETWEEN ONSET AND DEATH 2 Day 1 month
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT <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>July 19, 57</u> to <u>8-11-57</u> and last saw her alive on <u>8-10-57</u> Death occurred at <u>11:55</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thelma Cooper M.D.</i>		22b. ADDRESS Warrensburg, Mo.	
22c. DATE SIGNED 8-12-57		23a. BURIAL, CREMATION, (Specify) Burial	
23b. DATE 8-13-1957		23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
23d. LOCATION (City, town, or county) R#4 Warrensburg Mo.		23e. (State)	
24. FUNERAL DIRECTOR Sweeney-Phillips Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 12, 1957	
26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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AUG 21 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 Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *J. Earl Lind*

Licensed Embalmer No. 3878

P. O. Address. *Warrensburg*

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.