

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019290
STATE FILE NUMBER

LED MAY 16 1958 Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 73

300
1-57
850
3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern.		c. CITY OR TOWN Crocker, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 133 N.W. Crocker 1 hr.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 3	
3. NAME OF DECEASED (Type or print) First Clyda Middle Irvin Last Christeson.		4. DATE OF DEATH Month May Day 4 Year 1958	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept 23, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Laborer.	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Bloodland, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas J. Christeson.		13b. MOTHER'S MAIDEN NAME Martha Anderson.	14. NAME OF HUSBAND OR WIFE Thelma Vow.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. War 11.		16. SOCIAL SECURITY NO. None.	17. INFORMANT Address Ralph Christeson. Crocker, Mo Rural.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest			INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Accident.			
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"/>
20a. ACCIDENT <input checked="" 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.) Automobile accident.	
20c. TIME OF INJURY Hour 3:10 AM Month, Day, Year 5/4/58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 1/2 miles N.W. of Crocker on Hwy 133		20f. CITY, TOWN, OR LOCATION COUNTY Pulaski STATE Mo.	
21. I attended the deceased from on 5/4/58 and last saw him alive on _____ Death occurred at 3:10 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) County Coroner.		22b. ADDRESS Richland, Missouri	
22c. DATE SIGNED 5/5/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	23b. DATE 5/6/58	23c. NAME OF CEMETERY OR CREMATORY Old Friendship Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leonard Wood, Mo
24. FUNERAL DIRECTOR ADDRESS Heeres Funeral Home, Crocker, Mo		25. DATE RECD. BY LOCAL REG. 5-5-58	26. REGISTRAR'S SIGNATURE [Signature]

1988
MAY 16 6 17 AM

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 Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

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.