

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045075

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 247

Primary Registration District No. 3049

Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lilbourn</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Mem. Hosp</u>		Length of stay in lb <u>6wks</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Clarence Christopher</u>			4. DATE OF DEATH Month Day Year <u>Dec. 3 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 27 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>70</u>
11. BIRTHPLACE (City and state or country) <u>Henderson, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Dave Christopher</u>		13b. MOTHER'S MAIDEN NAME <u>Lockey Aldridge</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Christopher</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>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Elma Christopher-Lilbourn, Mo.</u>
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>Cardiac dilatation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>refractory congestive failure</u>			<u>4 mos.</u>
DUE TO (c) <u>Degenerative cardiovascular</u>			<u>4 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO DEATH AS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>arteriosclerosis</u>			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 Month, Day, Year 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.)	
21. I attended the deceased from <u>Aug 1955</u> to <u>3 Dec 1958</u> and last saw him alive on <u>3 Dec 1958</u> Death occurred at <u>1:15 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21a. SIGNATURE (Type or print) <u>R. S. Smith M.D.</u>		21b. ADDRESS <u>Portageville, Mo.</u>	
22a. DATE SIGNED <u>5 Dec 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>
23d. LOCATION (City, town, or county) <u>Portageville, Mo.</u>		(State)	
24. FUNERAL DIRECTOR'S ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. Herman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

AUG 1 1 1961

CARUTHERSVILLE, MO.

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 *Harold S. Ponder*

Licensed Embalmer No. *5232*

P. O. Address *J. L. Ponder, Jr.*

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.