

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010499

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 15

300  
1-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1001 Main		d. STREET ADDRESS (If outside, give location) Lincoln Township	
3. NAME OF DECEASED (Type or print) First Edith Middle E. Last Crist		4. DATE OF DEATH Month March Day 13, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1830
9. AGE (In years last birthday) 78		10. AGE (In years) IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert L. Gray		13b. MOTHER'S MAIDEN NAME Verona C. Gorman	
14. NAME OF HUSBAND OR WIFE James Crist			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT James Crist Unionville, Missouri		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) _____  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>Symphysis Leukemia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
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 Unionville, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. W. McDonald</i> (Degree or title) DO 2		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 3/14/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/15/59	
23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery		23d. LOCATION (City, town, or county) Unionville, Missouri (State)	
24. FUNERAL DIRECTOR <i>John N. Comstock</i> ADDRESS Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-59	
26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *John N. Comstock* ..... Licensed Embalmer No. *3891* .....

P. O. Address *Linnville, 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.