

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012137

FILED VS MAR 30 1960

Registration District No. 291 Primary Registration District No. 4423 Registrar's No. 28

STATE FILE NUMBER

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		Length of stay in 1b 2 Years	c. CITY OR TOWN Unionville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1001 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last James Martin Crist Jr.			4. DATE OF DEATH Month Day Year March 23, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/2/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 7 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Putnam County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Martin Crist Sr.		13b. MOTHER'S MAIDEN NAME Mary Emily Roger		14. NAME OF HUSBAND OR WIFE Edith <sup>E</sup> 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. 496-42-0535	17. INFORMANT Mrs. Mae Jones 1315 Main Unionville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Multiple intestinal perforations</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<i>Intestinal obstruction</i>	
DUE TO (b)	<i>Adhesions</i>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Similarity</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year	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 Unionville, Missouri		20g. COUNTY STATE
21. I attended the deceased from 6-9-58 to 3-23-60 and last saw him alive on 3-23-60 Death occurred at 5:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>L. W. McDonald D.D.</i>		22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 3/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/26/1960	23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	23d. LOCATION (City, town, or county) (State) Unionville, Missouri
24. FUNERAL DIRECTOR ADDRESS Comstock Funeral Home By <i>John N. Comstock</i>		25. DATE RECD. BY LOCAL REG. Unionville, Mo. 3-26-60	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John W. Comstock*

Licensed Embalmer No. 3891

P. O. Address Thurstonville, N.C.

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.