URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038843

STATE FILE NUMBER

NDED

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden, Mo.
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1 Box 89
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Johnson
c. CITY OR TOWN Holden
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #1 Box 89
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Price Last: Christian

4. DATE OF DEATH Month, Day, Year: November 1, 1960

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan 11 1945
9. AGE (last birthday): 15
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (City and state or country): Antioch, California USA.
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Lawrence E. Christian
13b. MOTHER'S MAIDEN NAME: Louisa Stiger
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lawrence E.Christian, Holden, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broken neck due to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hanging with rope
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Viewed inquest, to and last saw her/him alive on
Death occurred at 9 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kelly Rawlins (Degree or title) M.D Coroner
22b. ADDRESS Holden Mo
22c. DATE SIGNED 11/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Nov. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Mo.

24. FUNERAL DIRECTOR: E B CAST
ADDRESS: HOLDEN MO E B Cast
25. DATE RECD. BY LOCAL REG.: 11-3-60
26. REGISTRAR'S SIGNATURE: Mrs G D Radford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4059

P. O. Address Holden,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.