

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000417

FILED VS JAN 16 1961 042

Primary Registration District No. _____ Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Platte Township</i>		Length of stay in 1b <i>few hours</i>	c. CITY OR TOWN <i>St. Joseph</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 1/2 Miles SW of Gower, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <i>2604 So. 12th St.</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Lee</i> Last <i>Christofferson</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>10</i> Year <i>1961</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 3, 1936</i>
9. AGE (last birthday) <i>25</i>		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) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cattle</i>	11. BIRTHPLACE (City and state or country) <i>Dearborn Missouri</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Robert E. Christofferson</i>	
13b. MOTHER'S MAIDEN NAME <i>Lille May Rice</i>		14. NAME OF HUSBAND OR WIFE <i>Dorothy M. Christofferson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes 1954</i>		16. SOCIAL SECURITY NO. <i>1954</i>	
17. INFORMANT <i>Robert E. Christofferson, Gower, Mo.</i>		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) <i>Carbon monoxide poisoning</i>			INTERVAL BETWEEN ONSET AND DEATH <i>at once</i>
DUE TO (b) <i>Induction of exhaust fumes into car</i>			<i>at once</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)			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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (enter title of injury in PART I or PART II of item 18.) <i>a hose was attached to exhaust pipe and pushed through hole in car floor</i>	
20c. TIME OF INJURY Hour <i>1:30 a.m.</i> Month, Day, Year <i>1-10-61</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>2 1/2 miles south east Gower</i>		
20e. CITY, TOWN, OR LOCATION <i>Buchanan</i>		20f. COUNTY <i>Mo</i>	
21. I attended the deceased from <i>breath body</i> and last saw <i>him</i> <i>alive</i> on <i>1-10-61</i> Death occurred at <i>1230 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>S.E. Melaney M.D. Coroner</i>		22b. ADDRESS <i>24 Knapptonch St Joseph, Mo</i>	22c. DATE SIGNED <i>1-10-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 12, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows Public Cem. St. Joseph, Mo.</i>	
24. FUNERAL DIRECTOR <i>Clark Funeral Home St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 12, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 S.E. Melaney, M.D.

FEB 15 1961

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 E. Clark

Licensed Embalmer No. 4238
P. O. Address St. Joseph 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.