

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013678

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1873 STATE FILE NUMBER

**FILED MAY 3 1961**

1. PLACE OF DEATH  
 a. COUNTY **JACKSON**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **20 YEARS**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BAPTIST MEMORIAL HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MISSOURI** COUNTY **JACKSON**  
 c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **6800 THE PASEO** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**CALLIE MAE CHRISTIAN**  
 4. DATE OF DEATH Month Day Year  
**APRIL 15 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **5/22/1900** 9. AGE (last birthday) **60**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**  
 10b. KIND OF BUSINESS OR INDUSTRY **-**  
 11. BIRTHPLACE (City and state or country) **BLUM, TEXAS**  
 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **COMMODORE CHANEY** 13b. MOTHER'S MAIDEN NAME **MIRANDA KYLE** 14. NAME OF HUSBAND OR WIFE **GEORGE W. CHRISTIAN**

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. **-** 17. INFORMANT **GEORGE W. CHRISTIAN** Address **6800 THE PASEO KANSAS CITY, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **CARCINOMA LUNG C** INTERVAL BETWEEN ONSET AND DEATH **1 yr**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **REGULAR METASTASIS** **6 mos**  
 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.  
 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.)  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **DEC '60** to **4-15-61** and last saw her alive on **4-15-61**  
 Death occurred at **5:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Regree or title) **[Signature]** 22b. ADDRESS **6741 Prospect Kch** 22c. DATE SIGNED **4-17-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **APR. 17, 1961** 23c. NAME OF CEMETERY OR CREMATORY **MT. MORIAH CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D. W. NEWCOMER'S SONS KANSAS CITY** ADDRESS **1331 BRUSH CREEK MO.** DATE RECD. BY LOCAL REG. **4-17-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Quistgard**

SHOULD READ

ITEM NO.

**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 \_\_\_\_\_

*Geneb. Michael*

Licensed Embalmer No. 4340

P. O. Address Kansas City, 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.