MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014203
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 411

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117
2 0440
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4 1
5 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED APR 23 1962

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in Ib 3 days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Church — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Holt
c. CITY OR TOWN Maitland — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Mildred Middle J. Last Christian

4. DATE OF DEATH Month 4 Day 3 Year 1962

5. SEX Female
6. COLOR OR RACE Cau.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-29-1910
9. AGE (last birthday) 51
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) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Implement Business
11. BIRTHPLACE (City and state or country) Fargo, N. Da.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Owen J. Thomas
13b. MOTHER'S MAIDEN NAME Eunice Sonsen
14. NAME OF HUSBAND OR WIFE Solomon B. Christian

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. unknown
17. INFORMANT Solomon B. Christian — Address Maitland, 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) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 4 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis
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 6-21-61, to 4-3-1962 and last saw her/him alive on 1-20-62
Death occurred at 3:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Derr (Degree or title) D.O.
22b. ADDRESS Maitland Mo.
22c. DATE SIGNED 4/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-6-1962
23c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery
23d. LOCATION (City, town, or county) (State) Maitland, Mo.

24. FUNERAL DIRECTOR Atchison — ADDRESS Maryville, Mo.
25. DATE RECD. BY LOCAL REG. April 16, 1962
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

M.C. Derr, M.D. MEDICAL CERTIFICATION

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_____ Signed G. M. Atkinson

Signature of Student Embalmer

Licensed Embalmer No 2279

P. O. Address Monroeville Md

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.