

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000333

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 121

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

5717  
25117

3  
4 0  
5 1  
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94500

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1290-0  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED FEB 6 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Buchanan</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>
Length of stay in 1b <b>65 yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1717 Colhoun</b>	d. STREET ADDRESS (If outside, give location) <b>1717 Colhoun</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <b>GEORGE</b>	Middle <b>ALSTON</b>
Last <b>CHRISTIANSEN</b>	4. DATE OF DEATH
Month <b>January</b>	
Day <b>31</b>	
Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/21/1880</b>
9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired General Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building Contr.</b>
11. BIRTHPLACE (City and state or country) <b>Council Bluffs Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Lars Christiansen</b>	13b. MOTHER'S MAIDEN NAME <b>Karen Hansen</b>
14. NAME OF HUSBAND OR WIFE <b>Ethielin F. Christiansen</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Mrs. Ethielin F. Christiansen</b>
Address <b>1717 Colhoun St. Joseph, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1/16-63</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	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 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 s.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 COUNTY STATE
21. I attended the deceased from <b>19 59</b> to <b>1-31-63</b> and last saw her alive on <b>1-16-63</b>	
Death occurred at <b>7:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>C. DuMont</b>	22b. ADDRESS <b>St. Joseph, Mo</b>
22c. DATE SIGNED <b>2-1-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/2/63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Joseph Missouri</b>
24. FUNERAL DIRECTOR <b>Home Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 3, 1963</b>
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

Permit issued 2/1/63

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

*Charles E. Bennett*

Licensed Embalmer No. 4677

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.

In front