

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14692

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349 44
(b) Township Springfield Primary Registration District No. 5-5-00 0 Registered No. 9
(c) City Springfield (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2 Henry County Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Mo

FATHER 13. NAME J D Christy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Rachel Stiller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Mo

17. INFORMANT (ADDRESS) Bert Christy Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Cemetery Burial April 29 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J A Aksey 956 Calhoun Mo

20. FILED 4-27 1941 Mrs Edith J. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 1941

22. I HEREBY CERTIFY, that I attended deceased from Apr 1st 1941, to April 18 1941. I last saw him alive on Apr 18 1941. Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

Ischaemic Heart Disease 10/4
Date of onset 7-14

Other contributory causes of importance: 10/4

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J A Aksey M. D.
(Address) Calhoun Mo

WHITE PRINTED, WITH OUTLIVING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 5-41-799.0

Date Filed 5-2-48

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

myself

Registered Apprentice No....., working under my personal supervision.

Signed

A. H. Housey

Licensed Embalmer No.

13502

P. O. Address

Calhoun

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 this body is not embalmed, above space should be left blank.