

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19966**

FILED JUL 3-1951

0422
 1

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY OR TOWN Clinton		1422	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 West Gravel St.				d. STREET ADDRESS (If rural, give location) 223 West Gravel St.			
3. NAME OF DECEASED (Type or Print) a. (First) Nannie			b. (Middle) D		c. (Last) Christian		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27, 1856		9. AGE (In years last birthday) 95	If UNDER 1 YEAR Months 3	If UNDER 4 HRS. Days 29 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Maldin, West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME W.S. Carter		13b. MOTHER'S MAIDEN NAME Eliza Ann Caruthers		14. NAME OF HUSBAND OR WIFE Mr. S.P. Christian (deceased)			
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ralph Stone, Clinton, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with advanced generalized arteriosclerosis, DUE TO (c) Advanced age & debility. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1951 , to June 26, 1951 , that I last saw the deceased alive on June 26, 1951 , and that death occurred at 11:40p m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Edward Barnett, D.O.				23b. ADDRESS Wetzel Hospital, Clinton, Mo.		23c. DATE SIGNED 6-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. June-28-51	REGISTRAR'S SIGNATURE Florence		25. FUNERAL DIRECTOR'S SIGNATURE Adair		ADDRESS Clinton		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51

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 _____
Student Embalmer

Signed *Fred E. Johnson*

Licensed Embalmer No. 4570

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.