

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 8 1960 3-1

-60-004785

STATE FILE NUMBER

Registration District No. Primary Registration District No. 6163 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Milan</b>		c. CITY OR TOWN <b>Browning</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Frzier Rest Home</b>		d. STREET ADDRESS (if outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last <b>Minnie Maude Christy</b>			Month Day Year <b>1 28 60</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-4-1871</b>	9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>Harrison Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Samantha Gill</b>	14. NAME OF HUSBAND OR WIFE <b>Van Christy</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Browning, Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>		
DUE TO (b) <b>Paraplegia</b>		
DUE TO (c) <b>Cerebral Thrombosis</b>		
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 a.m. p.m.	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 <b>Jan. 14, 11:15 to Jan. 28, 1960</b>		20g. COUNTY <b>Browning</b>
20h. STATE <b>Mo.</b>		20i. DATE SIGNED <b>Jan. 30</b>
21. I attended the deceased from <b>Jan. 14, 11:15</b> to <b>Jan. 28, 1960</b> and last saw her alive on <b>Jan. 28, 1960</b>		21. DEATH OCCURRED AT <b>11:15</b> on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE <i>Earl Simpson D.O.</i>	22b. ADDRESS <b>Milan, Missouri</b>	22c. DATE SIGNED <b>Jan. 30</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jenkins</b>
23d. LOCATION (City, town, or county) <b>Browning Rural Mo.</b>	23e. DATE RECD. BY LOCAL REG. <b>2-2-60</b>	23f. REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beebe</i>
24. FUNERAL DIRECTOR <b>Wade Funeral Home</b>	24a. ADDRESS <b>Browning, Mo</b>	24b. REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beebe</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gerald I. Wa*

Licensed Embalmer No. 417

P. O. Address

*Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.