

FILED FEB 4 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1199

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) (Specify township) <u>10 HOURS</u>		a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) (Specify township) <u>10 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANDVIEW</u>		b. COUNTY <u>JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)	MALE	FEMALE
<u>WILLIAM</u>	<u>HARVEY</u>	<u>CHRISTOLEAR</u>	<u>JAN</u>	<u>10</u>	<u>1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 29, 1904</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAY MILLING CO.</u>		11. BIRTHPLACE (State or foreign country) <u>ALTONA Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WM HENRY CHRISTOLEAR</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE REEVES</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA H. CHRISTOLEAR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>446-09-3869</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. WM H. CHRISTOLEAR GRANDVIEW Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, Right Spontaneous</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>				20. AUTOPSY? YES <input checked="" 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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. E. Upsher</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2800 Main</u>		23c. DATE SIGNED <u>1/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 13 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BELTON Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. R. Keomer Saus Grandview, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 5 1949

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.

Signed A. K. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3645

P. O. Address Grandview 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.