

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40171

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON-CITY</u>	c. LENGTH OF STAY (in this place) <u>29 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON-CITY MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST-MARYS-HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>600 SCHOOL-ST 0264</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVANS</u> b. (Middle) <u>-</u> c. (Last) <u>CHRISTOPHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-10-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINEST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. RR.</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min. <u>62</u>
11. BIRTHPLACE (State or foreign country) <u>KEYTESVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT-CHRISTOPHER</u>		13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLA-CHRISTOPHER</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>702-16-0387</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ESTELLA-CHRISTOPHER - 630 SCHOOL-ST. CITY</u>
18. CAUSE OF 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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 <u>Dec 11, 1950</u> , to <u>Dec 12, 1950</u> , that I last saw the deceased alive on <u>Dec 12, 1950</u> and that death occurred at <u>4:30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl L. Loyd M.D.</u>		23b. ADDRESS <u>Jeff. City, Mo.</u>	23c. DATE SIGNED <u>12/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY-CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KEYTESVILLE MO</u>
DATE REC'D BY LOCAL REG. <u>Dec 13-1950</u>	REGISTRAR'S SIGNATURE <u>R.R. Davis MD-1608</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. Smith Keytesville Mo</u>	

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

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RECEIVED 12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Filed 12-18-50

DEC 19 1950

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 _____

W. D. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address *Key town, 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.