. No. 300
. 10.48

FILED NOV 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Haley 34272

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 96

582
0

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place): 3 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McLarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 0582
d. STREET ADDRESS (If rural, give location): 617 Snow St 0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): WASHINGTON
c. (Last): CRIST

4. DATE OF DEATH (Month) (Day) (Year): Nov - 7 - 1951

5. SEX: M 0
6. COLOR OR RACE: Cr
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 1
8. DATE OF BIRTH: Nov - 14 - 1863
9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months 11 Days 23 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Net Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn Co Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Crist
13b. MOTHER'S MAIDEN NAME: Sarah Harris
14. NAME OF HUSBAND OR WIFE: Nancy Crist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Orpha Howard Brookfield Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis with Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General Arterio sclerosis — 12 yr.
DUE TO (c):

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: 4221
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1951, *to* Nov 6, 1951, *that I last saw the deceased alive on* Nov 6 1951, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy R Haley M.D.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: Nov 9 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11-9-51
24c. NAME OF CEMETERY OR CREMATORY: North Salem
24d. LOCATION (City, town, or county) (State): Missouri

DATE REC'D BY LOCAL REG.: 11-9-51
REGISTRAR'S SIGNATURE: 167 Deputy F. Glynetta Burkholder J.
25. FUNERAL DIRECTOR'S SIGNATURE: W. Blacklock — ADDRESS: Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 13 [illegible]
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2022
Date Filed: NOV 13 [illegible]

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. W. Blackstock

Signed.....
Student Embalmer

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.