

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 163

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 010.5	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 714 Rogers St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 714 Rogers St.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EVERETT c. (Last) CHRISTIAN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH Feb. 3, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR 0 4 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired tollgate operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Richard Christian		13b. MOTHER'S MAIDEN NAME Martha Ridgeway		14. NAME OF HUSBAND OR WIFE Gora Peak Christian	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.E. Christian Jr., Columbia, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 10 20 10 20 5 m	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis			
	DUE TO (c) Chronic Nephritis			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) M		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 446X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 1948, to Feb-7, 1952 that I last saw the deceased alive on Feb-6, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F.C. Suggitt M.D.		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 2-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
				24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	

DATE REC'D BY LOCAL REG. Feb 8 1952		REGISTRAR'S SIGNATURE Mrs R.E. Palmore 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carver Funeral Service, Columbia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

105
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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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.