

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED FEB 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Davies</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>		c. LENGTH OF STAY (If this place) <b>8 Days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pattonsburg, Mo.</b>	
		d. STREET ADDRESS (If rural, give location) <b>/</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Owen</b> b. (Middle) <b>L.</b> c. (Last) <b>Christie</b>			4. DATE OF DEATH <b>1-26-53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 8, 1883</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Gentry County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Newton Porter Christie</b>	
13b. MOTHER'S MAIDEN NAME <b>Victoria A. Brewer</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie V. Christie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Marilla E. Pierce</b>		ADDRESS <b>309 E. Buchanan Harlingen, Texas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Hypostatica</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
DUE TO (b) <b>Cerebral Hemorrhage</b>		9 days	
DUE TO (c) <b>Hypertension Arterial</b>		?	
II. OTHER SIGNIFICANT CONDITIONS		?	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture - Scapula Left Foot</b>		9 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pattonsburg Davies Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-17-53 7 A.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell against chair in home.</b>
22. I hereby certify that I attended the deceased from <b>1-17-53</b> to <b>1-25-53</b> , that I last saw the deceased alive on <b>1-24-53</b> , and that death occurred at <b>7:30 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Senne</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>207 PYS Bldg St. Joseph Mo</b>	23c. DATE SIGNED <b>1-26-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonsburg, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Feb. 4, 1953</b>	REGISTRAR'S SIGNATURE <b>C. C. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b> ADDRESS <b>Pattonsburg, Mo.</b>	

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

0119

**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.....

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, 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.