

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22115**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **853**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Died enroute to St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 2323 Faraon Street	

3. NAME OF DECEASED (Type or Print) a. (First) Nick b. (Middle) _____ c. (Last) Christ			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1954		
5. SEX Male	6. COLOR OR RACE White c	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25, 1892	9. AGE (in years last birthday) 61	# UNDER 1 YEAR Days _____ # UNDER 10 Hrs. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Prop.		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (City and State or Foreign Country) Northern Greece	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Colleen Christ	
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. 500-36-1162		17. INFORMANT'S SIGNATURE OR NAME Mrs. Colleen Christ ADDRESS St. Joseph, Mo.	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Coronary Heart Disease		1/2 hr.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis		?	
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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **7-28, 1954**, to **7-28, 1954**, that I last saw the deceased alive on **7-28, 1954**, and that death occurred at **12:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank X. Hatigan M.D. / E. M. Downey M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			

DATE REC'D BY LOCAL REG. Aug 5, 1954		REGISTRAR'S SIGNATURE Cather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Melcherhoffer-Flanary ADDRESS St. Joseph, Mo.	
---	--	--	--	--	--

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.....**** *****
Signature of Student Embalmer

Signed.....*Albert R. Harrington*.....
Licensed Embalmer No. 3258 M

P. O. Address.....St. Joseph, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.