No. 300
10-48

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

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30083

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 725 North Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
d. STREET ADDRESS (If rural, give location): 725 North Main

3. NAME OF DECEASED (Type or Print)
a. (First): LENORA
b. (Middle): ANN
c. (Last): CHRISTENSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hiram Duncan
13b. MOTHER'S MAIDEN NAME: Sarah O'Dell
14. NAME OF HUSBAND OR WIFE: Jesse A. Christensen

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 ADDRESS: Farris Wilson, Ex. Springs, Missouri

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): Carcinoma of sigmoid with metastasis throughout intestine — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 3/4/54
19b. MAJOR FINDINGS OF OPERATION: Colostomy 153 X
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* 2/26/54, 19___, *to* 9/20/54, 19___, *that I last saw the deceased alive on* 9/20/54, 19___, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. R. McCracken (Degree or title): M. D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 9/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-22-54
24c. NAME OF CEMETERY OR CREMATORY: New New Garden
24d. LOCATION (City, town, or county) (State): Rural, Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 9-22-54
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Claude Prichard, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph E. Van Landingham

Signed.....
Student Embalmer

Licensed Embalmer No. 4009

P. O. Address Gulsier Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.