

FILED OCT 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33025

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045 Registrar's No. 19

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) Ashland		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland		d. STREET ADDRESS (If rural, give location) 1411 Hinkson			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Luther	b. (Middle) Ellis	c. (Last) Christain	Death Oct. 5 1954		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 4 1877	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 2	11. UNDER 1 YEAR Days 1	12. UNDER 1 YEAR Hours 1	13. UNDER 1 YEAR Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weighmaster		10b. KIND OF BUSINESS OR INDUSTRY City Scale		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Simeon A. Christain		13b. MOTHER'S MAIDEN NAME Martha Ellis		14. NAME OF HUSBAND OR WIFE			
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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. 495-36-0503 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Crump Ashland, Mo.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarct-		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) Arterial Sclerosis		
	DUE TO (c) Renescence		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Repeated attack of renal colic			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ashland - Boone Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) 9:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4 Oct**, 19**54**, to **5 Oct 54**, 19**54**; that I last saw the deceased alive on **9:30 AM**, 19**54**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Hall (Degree or title) M.D.	23b. ADDRESS Ashland - Mo	23c. DATE SIGNED 6 Oct 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7 1954	24c. NAME OF CEMETERY OR CREMATORY New Salem Cem.	24d. LOCATION (City, town, or county) (State) Ashland Mo.
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DATE REC'D BY LOCAL REG. Oct. 6, 1954	REGISTRAR'S SIGNATURE Mrs Mildred Burnett	27-0	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Burnett	ADDRESS Ashland Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *W^m C. Burnett*

Licensed Embalmer No. *3567*

P. O. Address *Oshtemo 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.