

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41776**

FILED DEC 28 1954

BIRTH NO. _____ REG. DIST. NO. ³³³ **4348** PRIMARY REG. DIST. NO. ²³² **232** Registrar's No. **22**

700
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1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) East Hudson, 0	

3. NAME OF DECEASED (Type or Print) a. (First) Andrea b. (Middle) _____ c. (Last) Christiana	4. DATE OF DEATH (Month) Dec (Day) 21 (Year) 1954
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5. SEX Female	6. COLOR OR RACE Caucasoid	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH aug 12 1953	9. AGE (In years last birthday) 1 (Month) 4 (Day) _____ (Hours) _____ (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Wellsville Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME Lola Christiana	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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Christiana Wellsville	ADDRESS Wellsville
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Smoke DUE TO (c) Burning Building Conflagration		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 411 - E. Hudson St	21c. (CITY, TOWN, OR TOWNSHIP) Wellsville - Upper Leeche Montg Mo (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 21 1954 9:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Unknown
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22. I hereby certify that I ~~was~~ ^{found} the deceased ~~from~~ ^{on} **21 Dec**, 19**54**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:15 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clement L. Summit D.D.S. - Coroner (Degree or title)	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 21 Dec 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-23-54	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cem	24d. LOCATION (City, town, or county) (State) Wellsville Mo
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DATE REC'D BY LOCAL REG. 12-23-54	REGISTRAR'S SIGNATURE W.S. Romano Jr 425	25. FUNERAL DIRECTOR'S SIGNATURE A.B. Keller Kellerville Mo	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

3

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 K B Heller

Licensed Embalmer No. 1588

P. O. Address Hellerville, 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.