

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32129

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 495

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 hrs.</b>		STREET ADDRESS (If rural, give location) <b>803 East Lafayette St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>Frank</b>	b. (Middle)	c. (Last) <b>Christian</b>	(Month) <b>Oct.</b>	(Day) <b>9</b>
5. SEX <b>Male</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 11, 1887</b>
6. COLOR OR RACE <b>Negro</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR <b>10</b> Months <b>28</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Firebrick</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County Missouri</b>
13a. FATHER'S NAME <b>Franklin Christian</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13b. MOTHER'S MAIDEN NAME <b>Maggie</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-05-6099</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Granville Christian</b>		ADDRESS <b>Mexico, Mo.</b>	

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) <b>Pulmonary Edema</b>		ANTECEDENT CAUSES <b>Cardiac Failure</b>		<b>12 hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>3 days</b>	
DUE TO (b) <b>Arteriosclerosis</b>		DUE TO (c) <b>4500</b>		<b>10 yrs.</b>	
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"/>	
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 **Nov 8 1953** to **Oct 9 1955**, that I last saw the deceased alive on **Oct 9 1955** and that death occurred at **5:49** m., from the causes and on the date stated above.

23a. SIGNATURE <b>William B. Jolly</b>		23b. ADDRESS <b>112 N. Clark Mexico</b>		23c. DATE SIGNED <b>10-10-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-11-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>		ADDRESS <b>Mexico, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 11-1955</b>		REGISTRAR'S SIGNATURE <b>Blenche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>	

(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 .....  
Signature of Student Embalmer

Signed *Chas. Arnold*

Licensed Embalmer No. *356*

P. O. Address *Muskegon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.