

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16898**BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5628** Registrar's No. **96**

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

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Emery c. (Last) Christeson			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Christeson		13b. MOTHER'S MAIDEN NAME Elizabeth Gann		14. NAME OF HUSBAND OR WIFE Martha Christeson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. E. Christeson, Lynchburg, Mo.	

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) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General. Fed arteriosclerosis			
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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) (Minute)			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 **3/19**, 19**52**, to **5/18**, 19**56**, that I last saw the deceased alive on **5/18**, 19**56**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Fisher, M.D.		23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 5/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-21-56		24c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery	
				24d. LOCATION (City, town, or county) (State) Pulaski County Missouri	

DATE REC'D BY LOCAL REG. 5-21-1956		REGISTRAR'S SIGNATURE Hella L. May		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. B. Palmer, Lebanon, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Received 5-28-56

LaCade County Health Unit

File No. 96

Date Filed 5-28-56

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 Stanley's P P Palmer

Licensed Embalmer No. 48

P. O. Address Lebanon

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.