

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37074

STATE FILE NUMBER

FILED DEC 3 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1256

|  |  |   |  |   |  |  |                                  |
|--|--|---|--|---|--|--|----------------------------------|
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |  |                                  |
| a. COUNTY <u>Buchanan</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Joseph</u>                     |  | a. STATE <u>Missouri</u>  |  | b. COUNTY <u>Buchanan</u>  |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>D.O.A. Mo. Meth. Hospital</u>  |  | Length of stay in hospital <u>3 yrs.</u>  |  | c. CITY OR TOWN <u>St. Joseph</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
| 3. NAME OF DECEASED (Type or print)<br><u>Kenneth C. Christenson</u>   |  |   |  | 4. DATE OF DEATH <u>November 20, 1956.</u>  |  |  |                                  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>September 7, 1906</u>  |                                  |
| 9. AGE (In years last birthday) <u>50</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Geo. Thompson, Inc.</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Riverton, Iowa.</u>                 |                                  |
| 13. FATHER'S NAME<br><u>Chris F. Christenson</u>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Myrtle White</u>   |  |  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>*****<br/>563-14-7707</u>  |  | 17. INFORMANT <u>Mrs. Helen M. Christenson</u> Address <u>St. Joseph, Mo.</u>   |  |  |                                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>signed as an unattended death</u><br>DUE TO (c) <u>in the city of St. Joseph</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <u>4 20 1</u>   |  |   |  |  |                                  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                  |  |   |  |  |                                  |
| 20c. TIME OF INJURY<br>Hour <u>          </u> Month <u>          </u> Day <u>          </u> , Year <u>          </u><br>a. m. <u>          </u> p. m. <u>          </u>  |  |   |  |   |  |  |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                     |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |                                  |
| 21. I viewed the deceased from <u>11-20-56</u> to <u>          </u> and last saw <u>          </u> <sup>HEARD</sup> <del>last</del> <sup>her</sup> <del>him</del> alive on <u>          </u><br>Death occurred at <u>9:17 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |                                  |
| 22a. SIGNATURE <u>Richard L. Maginn</u> (Degree or title) <u>Assistant City Health Officer</u>   |  |   |  | 22b. ADDRESS <u>Phys &amp; Surg Bldg 216, St Joseph</u>   |  | 22c. DATE SIGNED <u>11-27-56</u>   |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE <u>Nov. 23, 1956.</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Miriam Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Bethany, Missouri</u>            |                                  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Meierhoffer-Fleeman, Inc. St. Joseph, Mo</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Nov. 29, 1956</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Ernest M. Allison</u>                                |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Albert B. Harrington*

Licensed Embalmer No. *326*

P. O. Address *.....*

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.