

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38543**

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5032 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If applicable) 5 yrs.		• STREET ADDRESS (If rural, give location) 416 Mc Goodwin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 416 McGoodwin St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lewis	b. (Middle) Walter	c. (Last) Christy	4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain-Livestock	11. BIRTHPLACE (City and State or Foreign Country) Lamar, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William A. Christy	13b. MOTHER'S MAIDEN NAME Gray	14. NAME OF HUSBAND OR WIFE Effie May Christy
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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 496-24-4709	17. INFORMANT'S SIGNATURE OR NAME Mrs Lewis W. Christy ADDRESS 416 McGoodwin
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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) Cerebral hemorrhage		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hypertension			3 yrs

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-1, 1950 to 11-14, 1956, that I last saw the deceased alive on 11-13, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper MD (Degree or title)	23b. ADDRESS Warrensburg, Mo	23c. DATE SIGNED 11-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-16-56	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) R#4 Johnson County, Mo.
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DATE REC'D BY LOCAL REG. Nov 15, 1956	REGISTRAR'S SIGNATURE Savannah Britton	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips ADDRESS *Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *J. Earl Priest*

Licensed Embalmer No. *387*

P. O. Address *Warrensburg*

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.