

FILED APR 9 - 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11832

STATE FILE NUMBER

 Registration District No. 956 Primary Registration District No. 4521 Registrar's No. 21

 Health,
 Welfare
 Public
 Service
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u> | | c. CITY OR TOWN <u>St. Louis 4000</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>6th + Chestnut</u> | |
| Length of stay in lb <u>5 yrs.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>DUNCAN</u> Middle <u>Harold</u> Last <u>Christie</u> | | 4. DATE OF DEATH Month <u>Apr.</u> Day <u>6</u> Year <u>57</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 14 1874</u> |
| WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. AGE (In years last birthday) <u>82</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u> | | 11. BIRTHPLACE (City and state or country) <u>0</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Hugh Christie</u> | | 14. MOTHER'S MAIDEN NAME <u>Christina Kennedy</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-05-8396</u> | |
| 17. INFORMANT <u>Amelia Christie-Houston, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL-THROMBOSIS</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>CEREBRAL ARTERIOSCLEROSIS</u> | | | YEARS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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.) <u>332X</u> |
| 20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 attended the deceased from <u>SEPT 10, 1957</u> to <u>APRIL 6, 1957</u> and last saw him alive on <u>APRIL 5, 1957</u> Death occurred at <u>11:15 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>John H. Tan, M.D.</u> | | 22b. ADDRESS <u>Houston, Missouri</u> | |
| 22c. DATE SIGNED <u>April 8, 1957</u> | | | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>4-9-57</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Houston</u> | | 23d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Elliott Funeral Home-Houston, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-8-57</u> | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</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 *Frank E. Hood*

Licensed Embalmer No. *402*

P. O. Address *Houston*

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.