FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30803
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 373

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Boone Co. Hospital — Length of stay in Ib: 30 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Early Apartments — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: SAMUEL Middle: HARRISON Last: CHRISTMAN

4. DATE OF DEATH Month Day Year: October 5, 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 14, 1889 **9. AGE** (In years last birthday): 67 — 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): Retired Columbia Water & **10b. KIND OF BUSINESS OR INDUSTRY**: Light Dept. **11. BIRTHPLACE** (City and state or country): Shelby County, Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: William Louis Christman **13b. MOTHER'S MAIDEN NAME**: Lavenia Kelso **14. NAME OF HUSBAND OR WIFE**: Nellie Leggett Christman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — **16. SOCIAL SECURITY NO.**: — **17. INFORMANT**: Charles E. Christman, Columbia, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Atherosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Tuberculosis inactive 331XA

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **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 4 OCT 57, to 5 OCT 57 and last saw her/him alive on 4 OCT 57
Death occurred at 5:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Logue (Degree or title) MD **22b. ADDRESS** 909 University Ave Columbia Mo. **22c. DATE SIGNED** 5 Oct 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Oct. 7, 1957 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery **23d. LOCATION** (City, town, or county) (State): Columbia, Missouri

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo. **25. DATE RECD. BY LOCAL REG.**: Oct. 7 1957 **26. REGISTRAR'S SIGNATURE**: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 20 1957

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 Jno P Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia M

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.