

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
41833
11533

FILED DEC 10 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

V. S. 300
ev. 1-57

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 39 Cardinal Glennon		Length of stay in lb 2 days	d. STREET ADDRESS 31		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Patricia Middle Christfield Last Christfield			4. DATE OF DEATH Nov. 27, 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 17, 1956	9. AGE (In years last birthday) 1 yr.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bloomington, Delaware	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John C. Christfield		13b. MOTHER'S MAIDEN NAME Margaret	
14. NAME OF HUSBAND OR WIFE		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 NO. none	
17. INFORMANT John Christfield		Address Louisiana, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interatrial & interventricular septal defects 754.2 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Congenital heart disease	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1+ yrs		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 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 Nov. 23, 1957 to Nov. 27, 1957 and last saw her alive on Nov. 27, 1957 Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. Rollins Haulan M.D.		(Degree or title) D		22b. ADDRESS 1325 S. Grand Blvd.	
22c. DATE SIGNED 12/3/57		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Nov. 28, 1957	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Louisiana, Mo.		(State)	
24. FUNERAL DIRECTOR Sterne		ADDRESS Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. DEC 3 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.		27. _____		28. _____	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Harvey Kahle*

Licensed Embalmer No. *4596*

P. O. Address *Flouissant, N*

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.