

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
43372

Registration District No. 1 Primary Registration District No. 5007 Registrar's No. 449

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRASHEAR-SALT RIVER TWP Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BRASHEAR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. N. BRASHEAR Length of stay in 1b		d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William Moses Christensen First Middle Last			4. DATE OF DEATH Dec 22 1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 12, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) HENRY COUNTY, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME PETER CHRISTENSEN			14. MOTHER'S MAIDEN NAME CHRISTINA HANSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 5810	17. INFORMANT Mrs. LENA SWANST Address BRASHEAR, 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) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH 6 months 5 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis-generalized	
	DUE TO (c)	
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"/> 2

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 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 attended the deceased from **June 15, 1949**, to **Dec. 22, 1957** and last saw **him** alive on **Dec. 26, 1957**. Death occurred at **1:05** **p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard E. Gross, M.D. (Degree or title)		22b. ADDRESS 2 Kirksville, Mo.	22c. DATE SIGNED 12-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec 24, 1957	23c. NAME OF CEMETERY OR CREMATORY SABBATH HOME	23d. LOCATION (City, town, or county) (State) 5 mi. N.S. BRASHEAR Mo

24. FUNERAL DIRECTOR Kelly Rogers ADDRESS Brashear Mo	25. DATE RECD. BY LOCAL REG. 12-30-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Richard B. Kelly*.....

Licensed Embalmer No. 449

P. O. Address *Elm., Ill.*

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.