

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1192

State File No. _____

FILED FEB 3 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 197

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansascity mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansascity mo</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2319 Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Ben</u> b. (Middle) _____ c. (Last) <u>Christopher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1892</u> <u>10-30-1892</u>
9. AGE (In yrs. If under 1 year, last birthday) Months Days Hours Mins. <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ben Christopher</u>		13b. MOTHER'S MAIDEN NAME <u>Jannine</u>		14. NAME OF HUSBAND OR WIFE <u>Christopher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-09-9886</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Jannine Christopher 29 Highland</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4438</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? () YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I, hereby certify that I attended the deceased from Aug 1 1957, to Jan 13 1958, that I last saw the deceased alive on Jan 13 1958, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Emmett F. Walls</u>		(Degree or title)		23b. ADDRESS <u>1628 Iowa</u>		23c. DATE SIGNED <u>1-13-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY, OR CREMATORY <u>St. Louis</u>		24d. LOCATION (City, town, or county) (State) <u>Kansascity mo</u>	
DATE REC'D BY LOCAL REG. <u>1-14-58</u>		REGISTRAR'S SIGNATURE <u>neva mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Abraham Mitchell</u>		ADDRESS <u>2319 Highland</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Emmett F. Walls



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

Student Embalmer

Signed

Rev. B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2304 Vine St.

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 this Body is not embalmed, fact should be so stated above.