

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

62024-58 58-028175  
STATE FILE NUMBER

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

FILED SEP 15 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			Length of stay in 1b <u>18 hours 16 minutes</u>		d. STREET ADDRESS (If outside, give location) <u>506 Stewart Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Gerard</u> Last <u>Christenson</u>				4. DATE OF DEATH Month <u>September</u> Day <u>10</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 10, 1958</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>18</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>18</u> Min. <u>16</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>United States of America</u>	13. FATHER'S NAME <u>Paul Blanchard Christenson</u>	14. MOTHER'S MAIDEN NAME <u>Patricia Mary Ellen Chambers</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Paul Christenson - Columbia, Mo</u>
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 EDEMA</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>PLACENTA PREVIA, MARGINAL.</u>	DUE TO (c) <u>7615</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>PREMATURE DELIVERY</u>	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.)	
20c. TIME OF INJURY Hour <u>10</u> Month <u>10</u> Day <u>30</u> Year <u>1958</u> a. m. <u>p.</u> 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 <u>9-10-58</u> to <u>9-10-58</u> and last saw her <u>alive</u> on <u>9-10-58</u> Death occurred at <u>10:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							22. DATE SIGNED <u>9-11-58</u>
22a. SIGNATURE <u>Edward Washington M.D.</u> (Degree or title)			22b. ADDRESS <u>Columbia, Mo.</u>			22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	22d. EDUCATION (City, town, or county) <u>Columbia, Missouri</u>
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <u>9-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. EDUCATION (City, town, or county) <u>Columbia, Missouri</u>	24. FUNERAL DIRECTOR <u>Lynna Sprinkle - Columbia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 11 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *George R. Hammer*.....

Licensed Embalmer No. *44*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.