

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029776
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granby Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb yrs	d. STREET ADDRESS (If outside, give location) S. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lynn Middle Walker Last Cristy			4. DATE OF DEATH Month Aug. Day 17, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1185	9. AGE (In years at birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) McHenry, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Cristy	13b. MOTHER'S MAIDEN NAME Nina Walker	14. NAME OF HUSBAND OR WIFE Mrs. Leona Cristy
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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 Mrs. Leona Cristy Granby, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks over 3 months over 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Degenerative myocardial changes.	
	DUE TO (c) Pernicious anemia 2900	
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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from 8/24/57 to 8/17/58 and last saw her alive on 8/17/58 Death occurred at 9:00 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Charles O. Cristy</i> (Name or title) D.O.	22b. ADDRESS Granby, Mo.	22c. DATE SIGNED 8/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-1958	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial	23d. LOCATION (City, town, or county) (State) Granby, Missouri
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24. FUNERAL DIRECTOR Floyd E. Shewmake Jr. Granby, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 19, 1958	26. REGISTRAR'S SIGNATURE <i>M. L. Young</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. *Newton*

District File Number *858-172*

Date Filed *AUG 21 1958*

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 *Floyd E. Stewart*

Licensed Embalmer No. *4973*
P. O. Address *Box 93 Granby, Mo.*

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.