

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037312

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 396

5. 300
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia</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>1731 East 6th St</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>0804 1731 East 6th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>MAURICE</u> Last <u>CHRISTIAN</u>				4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 23, 1893</u>		9. AGE (In years) <u>65</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reclaim Department</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mitchem D. Christian</u>			13b. MOTHER'S MAIDEN NAME <u>Morning Allen</u>			14. NAME OF HUSBAND OR WIFE <u>Helen S. Christian</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>702-14-4956</u>		17. INFORMANT Address <u>Mrs. Helen S. Christian, Sedalia, 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>Strangulation by hanging</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Being depressed over ill health.</u>							
DUE TO (c) <u>974X</u>							
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"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hung by a rope</u>					
20c. TIME OF INJURY Hour <u>9</u> a.m. Month, Day, Year <u>10/16/58</u>		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 <u>Jan 19, 1952</u> to <u>Oct 15, 1958</u> and last saw him alive on <u>10/15/58</u> Death occurred at <u>9 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. S. Holden M.D.</u>				22b. ADDRESS <u>1116 2nd St Sedalia Mo</u>		22c. DATE SIGNED <u>10/18/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 18, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
24. FUNERAL DIRECTOR <u>D. W. Heckart</u> ADDRESS <u>Sedalia, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>Oct 18, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		

JAN 23 1959

OCT 27 1958

NOV 19 1958

STATEMENT BY LICENSED EMBALMER

OCT 28 1958

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 *D. L. Shaffer*

Licensed Embalmer No. *5063*
P. O. Address *Madalia, 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.