Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008790
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 75 Primary Registration District No. 5300 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perrin — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Platte Twnp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Perrin 0250 c — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Platte Twnp. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DONALD Middle Clyde Last CHRISTOPHER
4. DATE OF DEATH Month 3 Day 19 Year 59
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 24 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (City and state or country) Cameron Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Chas. Lee Christopher
13b. MOTHER'S MAIDEN NAME Mary Alice Kirkpatrick
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT Chas. Lee Christopher Address Plattsburg Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anoxia	5-6 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Laryngospasm	5-6 min.
DUE TO (c)	Foreign Particle in Trachea 922.0 22	5-6 min.

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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
635
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Perrin COUNTY Clinton STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glad Warren, D.O., Coroner (Degree or title)
22b. ADDRESS Lathrop, Mo.
22c. DATE SIGNED 3-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/21/59
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cameron, Mo
23d. LOCATION (City, town, or county) Cameron, (State) Missouri

24. FUNERAL DIRECTOR Lyon Funeral Home Inc. ADDRESS Plattsburg, Mo.
25. DATE REC'D. BY LOCAL REG. 3-24-59
26. REGISTRAR'S SIGNATURE Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

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 Philip E. Cox

Licensed Embalmer No. 4993

P. O. Address Fleetwood, Pa.

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.