

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042237

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1722

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10397  
8220

3	
4	0
5	1
6	
7	1
8	1
9	X
10	
11	104
12	4-0
13	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. <b>FILED DEC 3 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Greene</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Christian</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Highlandville</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Off Hywy 65 4 Mi. on Co. HH</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Howard Edward Christiansen</u>			4. DATE OF DEATH Month Day Year <u>Nov. 19, 1962</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>Oct. 29, 1931</u>
9. AGE (last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Missouri Valley, Iowa</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>George Christiansen</u>	
13b. MOTHER'S MAIDEN NAME <u>Mildred Deacon</u>		14. NAME OF HUSBAND OR WIFE <u>Jacquilyn Christiansen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>1952-1957</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Jacquilyn Christiansen, Highlandville, Mo.</u>		Address <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Cerebral Contusion</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Truck and Auto accident near Highlandville, Mo.</u>		
20c. TIME OF INJURY <u>7:30 a.m.</u>	Month, Day, Year <u>11-16-62</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., farm, factory, street, office bldg., etc.) <u>Near Highway 65 on I-3 Junction</u>		20f. CITY, TOWN, OR LOCATION <u>Stone, Mo</u>
21. I attended the deceased from <u>11/16/62</u> to <u>11/14/62</u> and last saw him alive on <u>11/19/62</u>		Death occurred at <u>5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (degree or title)		22b. ADDRESS <u>Springfield, Mo</u>	22c. DATE SIGNED <u>11/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 26, 1962</u>	23c. NAME OF CEMETERY OR CREMATOR <u>National Cemetery Springfield, Mo</u>	
23d. LOCATION (City, town, or county) <u>Springfield, Mo</u>		24. FUNERAL DIRECTOR <u>Adams-Monger, Ozark, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>11-26-62</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 3 1963

DEC 13 1962

DEC 3 1962

Permit 41-20-63

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 JAMES GRAY SOAPES, Student Embalmer No. 687 working under my personal supervision.

Student James Gray Soapes  
Signature of Student Embalmer

Signed Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.