

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001252

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 28 1963**

VS 300  
Rev. 4/59

6400

20400

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt</u>		Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Salt</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES CHRISTY</u>			4. DATE OF DEATH Month Day Year <u>1-19-1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>4-14-1885</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Retired Day Cleaning Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Denmark</u>	11. BIRTHPLACE (City and state or country) <u>Denmark</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Nam Christofhusen</u>	
13b. MOTHER'S MAIDEN NAME <u>unknosen</u>		14. NAME OF HUSBAND OR WIFE <u>Etna Johnson Christy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. <u>not</u>	17. INFORMANT <u>Mrs Etna Christy Salt Mo</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>progressive muscular dystrophy</u>			<u>5 yr</u>
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 type="checkbox"/> NO <input type="checkbox"/>	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 Month, Day, Year a.m. 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
21. I attended the deceased from <u>1/15/62</u> to <u>1/19/63</u> and last saw him/her alive on <u>12/15/62</u> Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>Dr.</u>	22b. ADDRESS <u>Paris, Mo</u>
22c. DATE SIGNED <u>1/20/63</u>			(State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-22-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt Zion Cem</u>	23d. LOCATION (City, town, or county) <u>Salt Mo</u>
24. FUNERAL DIRECTOR <u>Rayne Sunnal Home</u>		ADDRESS <u>Salt Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-63</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.