

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34473

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South of California, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		<u>South of California, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> b. (Middle) <u>V. CHRISTIAN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 26, 1906</u>	9. AGE (in years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. C. Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia McKissock</u>	14. NAME OF HUSBAND OR WIFE <u>James R. 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.	17. INFORMANT'S SIGNATURE OR NAME <u>Bert. A. Christian, California, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>45700</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/28, 1949, to 10/23, 1949, that I last saw the deceased alive on 9/21, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Burke, Jr., M.D.</u>		(Degree or title)		23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>10/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Moniteau County, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>10-23-49</u>	REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Funeral Home</u>	ADDRESS <u>California, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District Health Officer No. 9
NOV 2 1919
RECEIVED
District File Number

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 _____
Student Embalmer

Signed H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.