

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

72 005188

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 6

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Theophilus Christian		2. Male	3. Feb 27 1972
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. Colored	5a. 99	6. Jan. 27, 1873	7a. Moniteau
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. California, Mo		7c. Yes	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
10. UnKnown		11. Bertie Floyd (Christian)	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RESIGNED)		KIND OF BUSINESS OR INDUSTRY	
12. Retired Horse Trainer		13. Trained and Sold Horses.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Missouri	14b. Moniteau	14c. California, Mo	14d. 202 N East St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Henry Christian-(Deceased)		16. Mary Keil-(Deceased)	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mrs Irene Fowler		17b. California, Mo -65018	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Hypostatic Pneumonia			24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Hypertensive Heart Disease			yrs.
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
21a.	21b.	21c.	21d. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
22a. Jan 10, 1972	22b. Feb 27, 1972	22c. Feb 26, 1972	22d. did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD
23a.		23b.	23c.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
24a. W. H. Moore, D.O.		24b. [Signature]	24c. [Signature]
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN
25a. California, Mo. 65018		25b.	25c.
DATE SIGNED (MONTH, DAY, YEAR)		DATE RECEIVED BY LOCAL REGISTRAR	
26a. March 1, 1972		26b. March 1-1972	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
27a. Burial	27b. City Cemetery	27c. California, Mo	27d.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
28a. 3/2/72	28b. Bowlin Funeral Home-100 S Oak	28c. California, Mo-65018	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
29a. [Signature]	29b. [Signature]	29c. March 1-1972	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 90001
PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

MAR 9 - 1972

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

Jack B. Bowerlin

Licensed Embalmer No. 4933

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.