

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0024413

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5652

STATE FILE NUMBER

**FILED JUN 22 1967**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**2 Days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Bethesda Hospital**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **Moniteau**

c. CITY OR TOWN **California**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**JAMES**

**S.**

**CHRISTIAN**

## 4. DATE OF DEATH

Month

Day

Year

**June 13, 1967**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**12/23/84**

## 9. AGE (last birthday)

**82**

## 10. IF UNDER 1 YEAR: IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired)

**Ranch Hand**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Retired**

## 11. BIRTHPLACE (City and state or country)

**Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**John Christian**

## 13b. MOTHER'S MAIDEN NAME

**Martha Allison**

## 14. NAME OF HUSBAND OR WIFE

**Birdie (Deceased)**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

## 16. SOCIAL SECURITY NO.

**Unknown**

## 17. INFORMANT

**Ardis Gradolf, 2631 Louisiana, St. Louis, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Bronchopneumonia**

#### INTERVAL BETWEEN ONSET AND DEATH

**Several days**

#### DUE TO (b)

**Pulmonary emphysema**

#### DUE TO (c)

**Cal pulmonale**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**5271**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 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

## 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

## COUNTY

## STATE

21. I attended the deceased from **6-12-67 P.M.** to **6-13-67 A.M.** and last saw her alive on **6-13-67 A.M.**  
Death occurred at **11:27 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Leo M. Macarilla M.D.**

## 22b. ADDRESS

**4211 Bayless, St. Louis, Mo. 63123**

## 22c. DATE SIGNED

**6-14-67**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**6/14/67**

## 23c. NAME OF CEMETERY OR CREMATORY

**California, Missouri.**

## 23d. LOCATION (City, town, or county)

**EX California, Missouri.**

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

**Williams Funeral Home, California, Missouri.**

## 25. DATE RECD. BY LOCAL REG.

**JUN 14 1967**

## 26. REGISTRAR'S SIGNATURE

**Roal Smith M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2680 6-14-67

3

4 0

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12 53-0

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53

JUN 22 1967

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

Licensed Embalmer No. 4550

P. O. Address

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.