

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32307  
Registrar's No. 30

FILED OCT 28 1948

Registration District No. 22

Primary Registration District No. 4108

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community All of his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stockton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melvin Raymond Church

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11,  
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from  
10-10-1948 to 10-11-1948  
that I last saw him alive on 10-11-1948  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 30 1899  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 49 Months 3 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cedar County, Mo. X U  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings:  
Of operations 940

Of autopsy \_\_\_\_\_

10. Usual occupation Hardware-Undertaking

11. Industry or business \_\_\_\_\_

12. Name Winton Church

13. Birthplace Cedar County, Missouri D  
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Jenkins

15. Birthplace Farmington, Virginia !  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Melvin Church

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof Oct. 13, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City, Cem

18. (a) Signature of funeral director Carothers

(b) Address El Dorado Springs, Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury D

23. Signature Wm B Kibler (M. D. or other)

Address Stockton Mo. Date signed 10-11-48

19. (a) 10-23-48 (b) Penelope Harrison  
(Date received local registrar) (Registrar's signature) SH

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 7-48-1259

Date Filed 10-27-48

MAR 11 1949

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 L. Gentry, Registered Apprentice No. 257  
working under my personal supervision.

Signed C. W. Neale

Licensed Embalmer No. 3335

P. O. Address Strickton, 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.