No. 300
10-48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40574

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5288 Registrar's No. 135

24

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. N. Excelsior Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Ottawa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): C.
c. (Last): CHURCH

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 14, 1910
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 10, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Felix Church
13b. MOTHER'S MAIDEN NAME: Beatrice Walker
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW II
16. SOCIAL SECURITY NO.: 566-12-5892
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Cooper Funeral Home, Miami, Okla.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	
DUE TO (c) Multiple fractures in	5 8234
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* automobile accident	32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): #69 - 2 mi. No. Excelsior Spgs.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Washington Twp Clay Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 4 '49 7A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car accident - RCR [illegible]

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Keller Bell J. Magistrate
23b. ADDRESS: Liberty, Mo
23c. DATE SIGNED: 12-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Miami, Oklahoma

DATE REC'D BY LOCAL REG.: 12/11/49
REGISTRAR'S SIGNATURE: Caroline Hutchens
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Claude Prichard, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
DEC 27
District File Number
Date Filed 12-27-49

JAN 17 1950

JAN 29 1951

DEC 28 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~~ ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.