

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

125

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5083 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Mound</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mound</u>	
c. LENGTH OF STAY (in this place) <u>75 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 Butler, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3 Butler, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>B.</u> c. (Last) <u>Church</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 16 - 50</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-4-1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jessie Church</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Wiggins</u>		14. NAME OF HUSBAND OR WIFE <u>Blanch Church</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elva Church Atkinson Butler, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CEREBRAL THROMBOSIS</u>			UNDET.	
		DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>			UNDET.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>SENILE DEMENTIA</u>			<u>3 YRS. APPROX.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>332X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 July 27, 1946 to JAN. 16, 1950, that I last saw the deceased alive on JAN. 16, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>		23b. ADDRESS <u>BUTLER, MO</u>		23c. DATE SIGNED <u>1-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Jan 18 1950</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John & Blundwood Butler, Mo</u>	
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RECEIVED

District Health Officer No. 7

District File Number 1249-200

Date Filed 1-30-57

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 Robert E. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 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.