

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7321  
State File No. 15

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. LENGTH OF STAY (in this place) <b>20 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jasper</b>			b. (Middle) <b>Newton</b>		c. (Last) <b>Churchill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 21, 1876</b>		9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>		11. BIRTHPLACE (State or foreign country) <b>Hector, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>James J. Churchill</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Scott</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Churchill</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Churchill Dexter, Mo.</b>			
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) <b>Coronary Heart Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Multiple</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 3/4</b>	
19a. DATE OF OPERATION <b>1/15</b>		19b. MAJOR FINDINGS OF OPERATION <b>Heart removed</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Sept. 1949</b> , to <b>Feb. 1950</b> , that I last saw the deceased alive on <b>11th Feb., 1950</b> , and that death occurred at <b>5:34</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S. S. Davis M.D. D</b>				23b. ADDRESS <b>Dexter, Mo</b>		23c. DATE SIGNED <b>12 Feb 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Hector, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>2-13-50</b>		REGISTRAR'S SIGNATURE <b>Velma V. Jenkins</b>		409 25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b>		ADDRESS <b>Dexter, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 20 1951

District Health Office No.

District File Number 250-12

Date Filed

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

*Richard L. Duffie*

Student Embalmer No. 361

working under my personal supervision.

Student

*Richard L. Duffie*  
Student Embalmer

Signed

*Walter Marsh Watkins*

Licensed Embalmer No. 4717

P. O. Address *Dexter, 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.