

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11690**  
Registrar's No. **417**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>5134</b>		Registrar's No. <b>417</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL, WASHINGTON TWP</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Washington</b>		<b>0110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. # 6, St. Joseph</b>				d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 6</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LEE</b>		b. (Middle) <b>M.</b>		c. (Last) <b>CHURCH</b>	
4. DATE OF DEATH		(Month) <b>4</b>		(Day) <b>12</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>3-10-1878</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR		Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Carpenter</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Johnathan Church</b>			13b. MOTHER'S MAIDEN NAME <b>Melvina Day</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sam Church, 217 W. Hyde Park Ave.</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>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b>  <b>Other Conditions <del>None</del> Arthritis Hypertrophic</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>2-3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</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.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>			
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 <b>None</b>			
22. I hereby certify that I attended the deceased from <b>Apr. 9, 1951</b> , to <b>Apr. 12, 1951</b> , that I last saw the deceased alive on <b>Mar. 16, 1951</b> , and that death occurred at <b>6:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Allen Serman M.D.</b> (Degree or title)				23b. ADDRESS <b>Kirkpatrick Building St. Joseph, Missouri</b>		23c. DATE SIGNED <b>4-14-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-14-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 20, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl C. Casper</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

.....  
working under my personal supervision.

Signed.....  
Student Embalmer.

Student Embalmer No. ....

Signed

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address

*St. Joseph*

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.