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REC'D DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41153

State File No.

BIRTH NO. 24309-51 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5404 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield, R., Finley</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield, rural, Finley</u>		<u>0346</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)
 a. (First) Lenda Lee b. (Middle) Churchill c. (Last) _____
 4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 51

5. SEX Female / 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married
 8. DATE OF BIRTH 11-21-51 9. AGE (In years last birthday) _____ IF UNDER 1 YEAR _____ IF UNDER 1 HOUR _____ IF UNDER 1 MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Route, Mansfield, Mo.
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jasper M. Churchill 13b. MOTHER'S MAIDEN NAME Ruby McBrite 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____
 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Jasper Churchill ADDRESS Mansfield, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart
 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____

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

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-21, 1951, to 11-24, 1951, that I last saw the deceased alive on 11-22, 1951, and that death occurred at 6: A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. P. Harlan, M.D. 23b. ADDRESS Ava, Mo. 23c. DATE SIGNED 11-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-25-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Everett 24d. LOCATION (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. 12-5-51 REGISTRAR'S SIGNATURE Ueta Bushman 84 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Field

DEC 11 1951

File 1257-3104

Date Filed 12-12-51

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 *Charles R. Fish*

Licensed Embalmer No. *4667*

P. O. Address *Avon, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.