

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7165

013

FILED OCT 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IOWA CITY</u> 8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Y</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>Churchill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct 20, 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u> Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY SATTERFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA JOHNSON</u>	
14. NAME OF HUSBAND OR WIFE <u>SELDON M. Churchill</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) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lily Miller</u> ADDRESS <u>Iowa City, Ia.</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 (Lobar)</u> ANTECEDENT CAUSES <u>Senile Debility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Debility</u> DUE TO (c) <u>Pneumatic Heart Disease (old)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>L</u>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>March 19, 1952</u> to <u>April 7, 1952</u> , that I last saw the deceased alive on <u>April 7, 1952</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>A. T. Rhoads</u> (Degree or title) _____		23b. ADDRESS <u>D.O. Kirksville, Mo</u>	
23c. DATE SIGNED <u>4-7-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>QUEEN CITY</u>	
24d. LOCATION (City, town, or county) (State) <u>QUEEN CITY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Cooley</u> ADDRESS <u>Queen City Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-8-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2961 61 NDC

### 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

*Paul L. Dooly*

Licensed Embalmer No. *14619*

P. O. Address *Quincy City 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.