

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17149**

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>9038</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Linn</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>7 mos</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>7 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>		b. COUNTY <u>Linn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thompson Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>		a. (First)		b. (Middle)		c. (Last) <u>CHURCHILL</u>	
4. DATE OF DEATH <u>5-13-52</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>9-19-1866</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Sides</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Cox</u>		14. NAME OF HUSBAND OR WIFE <u>George</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guy Sides, Linn</u>		ADDRESS <u>7th</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of the lymphatic system (Cervical & at least one)</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Polymyoma, Tuberculosis</u>		DUE TO (b) <u>—</u>		DUE TO (c) <u>—</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 <u>Oct 1950</u> , to <u>May 1952</u> , that I last saw the deceased alive on <u>May 1952</u> and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Duf...</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>5-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-21-52</u>		REGISTRAR'S SIGNATURE <u>Nadine Hankach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beathes Funeral Home</u>		ADDRESS <u>Linn Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

582
4

0
0

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 WRWright

Licensed Embalmer No. 4655

P. O. Address Laurel - Md.

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.