

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

34062

State File No. ....

MOCT 8 1952

BIRTH NO. .... REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 30

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>North</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>North</u> |  |   |  |
| b. CITY OR TOWN <u>Grant City Rural</u> c. LENGTH OF STAY (in this place) <u>3 weeks</u>  |  |   |  | c. CITY OR TOWN <u>Sheridan Mo</u> <u>Rural</u>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Dale Andrews</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>2 miles East + 2 mile North</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Lula</u>  |  | a. (First)  |  | b. (Middle) <u>Alice</u>  |  | c. (Last) <u>Churchill</u>  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   |  | 8. DATE OF BIRTH <u>Feb 4 - 1884</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Cozad Neb</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |  |
| 13a. FATHER'S NAME <u>William Hibbs</u>   |  |   |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Cecil Churchill</u>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>none</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Ma Cecil Churchill</u> ADDRESS <u>Sheridan</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Endocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |   |  |   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>                |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Sept 19, 1952</u> , to <u>Sept 29, 1952</u> , that I last saw the deceased alive on <u>Sept 28, 1952</u> and that death occurred at <u>6:15 pm.</u> , from the causes and on the date stated above.   |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>R. L. Garton D.O.</u>   |  |   |  | 23b. ADDRESS <u>Ravenwood Mo</u>  |  | 23c. DATE SIGNED <u>Sept 29</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Oct 1 - 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Sheridan Missouri</u>            |  |
| DATE REC'D BY LOCAL REG. <u>Sept 30 - 1952</u>  |  | REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>   |  | 3745  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u> |  |

(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

Signed

Student Embalmer No.....

Licensed Embalmer No. 4211

P. O. Address. Grant 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.