

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8597

FILED FEB 17 1953

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4130		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY OR TOWN <u>Sheridan Mo</u>		c. LENGTH OF STAY (in this place) <u>Home</u>		c. CITY OR TOWN <u>Sheridan Mo</u>		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Sheridan</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dallas</u> b. (Middle) <u>Ludelbert</u> c. (Last) <u>Churchill</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1953</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>Jan 19 - 1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Galesburg ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A.H. Churchill</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy June Routh</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie 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>Carrie Churchill</u> ADDRESS <u>Sheridan Mo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>480X</u>			
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)		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 <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>Jan 22</u> , 19 <u>52</u> , to <u>Feb 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>53</u> , and that death occurred at <u>9:20 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. G. Gaston D.O.</u>				23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>2-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 5 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Reta E. Dawson</u> 345		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrew Grant</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 _____

John Andrews
working under my personal supervision.

Student Embalmer No.

Signed _____

John Andrews

Signed
Student Embalmer

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.