

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24694**
Registrar's No. **3278**

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 10 YEARS | | e. STREET ADDRESS (If rural, give location) 2836 Spruce Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 627 Euclid Avenue | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Judson c. (Last) Church | | | 4. DATE OF DEATH (Month) (Day) (Year) June 27 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH July 13, 1872 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (City and State or Foreign Country) Stewartsville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME William Church | | 13b. MOTHER'S MAIDEN NAME Cassa Hawkins | | 14. NAME OF HUSBAND OR WIFE Effie Church | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 320-07-5836A | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Claude Church ADDRESS 2836 Spruce Avenue | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure | | INTERVAL BETWEEN ONSET AND DEATH year |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial heart disease | | |
| | DUE TO (c) Suitably | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 4/2 |

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| 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) | 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 June 16, 1953, 1953, to June 27, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Esther Winkelman (Degree or title) MD | 23b. ADDRESS 7449 Broadway | 23c. DATE SIGNED 6-27-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JUNE 29 1953 | 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 6-29-53 | REGISTRAR'S SIGNATURE Ceraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE D.N. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY MO. |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4182

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.