

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **339**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **4054** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rushville</b>		c. CITY OR TOWN <b>Rushville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>40 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>0110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rushville, Mo.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle)	c. (Last) <b>CHURCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 2, 1954</b>
-------------------------------------	--------------------------	-------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1887</b>	9. AGE (In years last birthday) <b>66</b>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 1 Min.
--------------------	-------------------------------	---	--------------------------------------	---	-------------------------	-----------------------	-------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Signal Maintainer Burlington R.R.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Robert Church, deceased</b>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>707-05-7890</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Virgil Church, Jr., Rushville, Mo.</b>	ADDRESS
--	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A shot gun wound in the head</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Loss of brain substance and fatal hemorrhage</b> DUE TO (c) <b>E976X</b>		<b>1 day</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Man shot himself with a 410 caliber</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>gauge shot gun while alone in his home</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rushville Buchanan Missouri</b>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 2, 1954 3:00Pm.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Man shot himself.</b>
--	---	---

22. I hereby certify that I attended the deceased from **viewed on Jan 2, 1954**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mandy M.D. Coroner</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>1-6-54</b>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 4, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rushville, Mo.</b>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Jan 13, 1954</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. M. Boyer</b>	ADDRESS <b>Atchison, Kan.</b>
--	---	---	-------------------------------

(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~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. Meyer*.....  
Licensed Embalmer No. 43.....

P. O. Address *Atchua*.....

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.