

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. G 8255
State File No. 345

BIRTH NO. FILED APR 5, 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR <i>0200</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY OR TOWN JERICO SPRINGS
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) WILLIAM c. (Last) CHURCH			4. DATE OF DEATH (Month) (Day) (Year) APRIL 1 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH MARCH 3, 1885	9. AGE (In years last birthday) 69	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) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WINTON CHURCH		13b. MOTHER'S MAIDEN NAME LILLIE BLACK		14. NAME OF HUSBAND OR WIFE CORD CHURCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME DONALD CHURCH ADDRESS SPRINGFIELD, MO.	

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: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spontaneous Subarachnoid Hemorrhage</i> 3 day			INTERVAL BETWEEN ONSET AND DEATH 3 day
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Glomerulonephritis</i> 1 yr.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Secondary Anemia 592 x</i> 1 yr			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 *Mar 25, 1954*, to *Apr 1, 1954*, that I last saw the deceased alive on *Mar 31, 1954*, and that death occurred at *11:40P*, from the causes and on the date stated above.

23a. SIGNATURE <i>James T. Good</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>Springfield, Mo.</i>		23c. DATE SIGNED <i>4-2-54</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE April 4, 1954		24c. NAME OF CEMETERY OR CREMATORY OMER CEMETERY	
24d. LOCATION (City, town, or county) (State) NEAR JERICO SPRINGS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.			
DATE REC'D BY LOCAL REG. 4/3/54		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>			

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... *Walter E. Hamel*

Licensed Embalmer No.....380

P. O. Address...SPRINGFIELD

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.