

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11131**

FILED MAY 12 1954

Registrar's No. **48**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5041		Registrar's No. 48			
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flat Creek		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flat Creek		d. STREET ADDRESS (If rural, give location) 5 mi. South of Cassville, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #1 Washburn, Mo.									
3. NAME OF DECEASED (Type or Print) MARY ELIZABETH CHURCH			4. DATE OF DEATH April 24, 1954						
a. (First)		b. (Middle)		c. (Last)					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 9, 1867			
9. AGE (In years last birthday) 86		10. MONTHS 9		11. DAYS 15		12. IF UNDER 1 YEAR Hours 1 Min. 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic			11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mary Bridert		14. NAME OF HUSBAND OR WIFE Edward B. Church		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Guy Church			ADDRESS Washburn Rt. #1, 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, asthenia, 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) Uremia				ANTECEDENT CAUSES					
DUE TO (b) Acute interstitial nephritis				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		590X			
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) (Min.)		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 Apr. 1, 1954 , to Apr. 23, 1954 , that I last saw the deceased alive on Apr. 23, 1954 , and that death occurred at 3:30 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Chas. R. Brown M.D.				23b. ADDRESS Seligman Mo.		23c. DATE SIGNED 4-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 25,		24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri			
DATE REC'D BY LOCAL REG. 5-3-1954		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE Helen Muller		ADDRESS Funeral Home by Bob Muller, Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 554-31

DATE REC. 5-10-54

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

Student Embalmer

Signed Robert E. Madlem

Licensed Embalmer No. 4916

P. O. Address Cassville, 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.