No. 300
10-48

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21931

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6287 Registrar's No. _____

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1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mansfield Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mansfield Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Wright
c. CITY OR TOWN Mansfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) Mansfield.

1140

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Robert c. (Last) Churchill
4. DATE OF DEATH (Month) (Day) (Year) 7-1-54
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/31/1899
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 11 Days 0 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Grain Farmer
11. BIRTHPLACE (City and State or Foreign Country) Laclede Co, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edmond Churchill
13b. MOTHER'S MAIDEN NAME Rhoda Baker
14. NAME OF HUSBAND OR WIFE Mary Churchill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 497-22-1439
17. INFORMANT'S SIGNATURE OR NAME Mary Churchill, Mansfield, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1954, *to* 7-1, 1954, *that I last saw the deceased alive on* 6-30, 1954, *and that death occurred at* 9 02 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Nelson D Nuckols (Degree or title) D
23b. ADDRESS Mansfield, Mo
23c. DATE SIGNED 7-9-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/5/54
24c. NAME OF CEMETERY OR CREMATORY Prairie Hollow Cem.
24d. LOCATION (City, town, or county) (State) Douglas County, Mo
DATE REC'D BY LOCAL REG. 7/9/54
REGISTRAR'S SIGNATURE [signature] 384
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Don G. Ferrell, Mansfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 10 1974
WRIGHT CO. HEALTH DEPT.
County File Number 254-74
Date Filed 7-10-74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alva G. Farrell

Licensed Embalmer No. 484

P. O. Address Mansfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.