No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1954

State File No. 26295

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 970

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

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1217 Lincoln Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1217 Lincoln Street 0117 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): VIRGINIA
b. (Middle): H.
c. (Last): CHURCHILL

**4. DATE OF DEATH** (Month) (Day) (Year): September 4-1954

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married 0
**8. DATE OF BIRTH**: June 1st 1880
**9. AGE** (In years last birthday): 74 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired: Clerk, U.S.
**10b. KIND OF BUSINESS OR INDUSTRY**: Gov. Treasury Dept.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Joseph, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William B. Churchill
**13b. MOTHER'S MAIDEN NAME**: Mary Jane Fulton
**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. F. Y. Churchill, Sister-in-law, 1217 Lincoln City

**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) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.*
Glomerulo Nephritis — Unknown

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* 6/8, 1954, *to* 9/4, 1954, *that I last saw the deceased alive on* 9/4, 1954, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Orville F. Lawson M.D.
**23b. ADDRESS**: 1302 Hacoon St Joseph Mo.
**23c. DATE SIGNED**: 9/8/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): (Burial)
**24b. DATE**: Sept 7-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Mount Mora Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri.

**DATE REC'D BY LOCAL REG.**: Sept 10, 1954
**REGISTRAR'S SIGNATURE**: Esther M. Allison 435
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Meierhoffer Fleming Inc St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond W. Morea

Licensed Embalmer No. 4

P. O. Address St Joseph

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