

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33706**

**FILED NOV 9 - 1954**

BIRTH NO. _____		REG. DIST. NO. <b>131</b>		PRIMARY REG. DIST. NO. <b>5510</b>		Registrar's No. <b>60</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>			
b. CITY OR TOWN <b>Rural Fairview Twp</b>		c. LENGTH OF STAY (In this place) <b>3 yrs</b>		c. CITY OR TOWN <b>Rural Fairview Twp</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile West of Deerpawton mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt 1 Deerpawton mo</b>				d. STREET ADDRESS (If rural, give location) <b>1 mile West of Deerpawton mo</b>			
3. NAME OF DECEASED (Type or Print) <b>TONE</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>CHURCH</b>			4. DATE OF DEATH <b>Nov 3 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 23, 1909</b>	
9. AGE (In years last birthday) <b>45</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Leroy Malone</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Richmond</b>		14. NAME OF HUSBAND OR WIFE <b>Roll Church</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roll Church</b> ADDRESS <b>Deerpawton mo</b>			
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.							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural cause</b>				INTERVAL BETWEEN ONSET AND DEATH			
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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to <b>11-3</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>DOA</b> , 19____, and that death occurred at <b>3 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. J. Powell M.D. coroner</b> (Degree or title)				23b. ADDRESS <b>Clinton mo</b>		23c. DATE SIGNED <b>11-4-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/6/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Musel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor mo</b>	
DATE REC'D BY LOCAL REG <b>Nov-11-54</b>		REGISTRAR'S SIGNATURE <b>Flora Adair</b> 422		25. FUNERAL DIRECTOR'S SIGNATURE <b>William Dunning</b> ADDRESS <b>Clinton mo</b>			

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

1909 - 9. 10. 1917

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 L. Dunne

Licensed Embalmer No. # 910

P. O. Address Clinton ms

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.