

FILED JUN 21 1955

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4330		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY OR TOWN Sheridan Mo		c. LENGTH OF STAY (in this place) all of life		c. CITY OR TOWN Sheridan Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home				e. STREET ADDRESS (If rural, give location) (no street address)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Francis		c. (Last) Churchill		4. DATE OF DEATH (Month) May (Day) 26 (Year) 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 10 - 1890	
9. AGE (in years last birthday) 84 yrs 9		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Corydon Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Simon Barks		13b. MOTHER'S MAIDEN NAME Nancy Conrad		14. NAME OF HUSBAND OR WIFE Ismal Churchill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Onal Gaddis ADDRESS Braddyville Iowa			
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) Coronary occlusion ANTECEDENT CAUSES Morbidity 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. Virus infection					
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) 4201			
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 5-12 19 55 , to 5-26 , 19 55 , that I last saw the deceased alive on 5-26 , 19 55 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE B. G. Garton (Degree or title) D.O.				23b. ADDRESS Mayville Mo		23c. DATE SIGNED 5-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29 - 1955		24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan Missouri	
DATE REC'D BY LOCAL REG. 6-14-1955		REGISTRAR'S SIGNATURE G. E. Dawson		FUNERAL DIRECTOR'S SIGNATURE John Andrews ADDRESS Grant City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

1876

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 421

P. O. Address Grant Co

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.