

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36779**
4959

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>4959</u> |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) <u>15 YEARS</u> | | e. STREET ADDRESS (If rural, give location) <u>3440 43 2905 CAMPBELL STREET</u> | | |
| d. FULL NAME OF (If death in hospital or institution) <u>CAMPBELL NURSING HOME</u> | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLE</u> b. (Middle) <u>L.</u> c. (Last) <u>CHURCH</u> | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1955</u> | | 5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | |
| 8. DATE OF BIRTH <u>DEC-21-1879</u> | | 9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>LEAVENWORTH KANSAS</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JOHN T. MORRISON</u> 13b. MOTHER'S MAIDEN NAME <u>JENNIE OWEN</u> 14. NAME OF HUSBAND OR WIFE <u>JASON CHURCH</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. G. R. MILLER</u> ADDRESS <u>109544 SORENTON DETROIT MICHIGAN</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Atherosclerosis</u> | | |
| DUE TO (c) <u>Hypertensio</u> | | II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | 351 ¹ / ₂ | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) | | 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 <u>Nov 8</u> , 19 <u>55</u> , to <u>Nov 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 11</u> , 19 <u>55</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>J. S. Van Nye</u> (Degree or title) <u>DO</u> | | 23b. ADDRESS <u>402 Wirthman Bldg</u> | | 23c. DATE SIGNED <u>Nov 14, 1955</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>NOV 16 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MUNCIE CEMETERY</u> |
| 24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KANSAS</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>B. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-16-55</u> Registrar's Signature <u>Elva Marshall</u> | | | | |

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

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.....
Signature of Student Embalmer

Signed *Edward M. Sta*.....

Licensed Embalmer No. *44*

P. O. Address *K.C. 110*

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.