

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034058

FILED VS

OCT 4 1960

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Registration District No. *5179*

Primary Registration District No. *45*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton Osage Twp. Mo.		Length of stay in 1b 6 days	c. CITY OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NQT in hospital, give location) HOSPITAL OR INSTITUTION Trails End Camp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Geoffrey Middle Church Last Church			4. DATE OF DEATH Month September Day 26 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Government employee	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Church		13b. MOTHER'S MAIDEN NAME MALINDA WEBB		14. NAME OF HUSBAND OR WIFE Fern St. Clair Church	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. Will		17. INFORMANT Rector H. Owings Address Oak Grove, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) History of high blood pressure DUE TO (c) over period year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH Sudden 25 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) extensive exercise					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:15 p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sep 26 - 1960 and last saw her alive on Sep 26 - 1960 Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In green or blue ink) The Woolery Co. Coroner			22b. ADDRESS Camden Mo		22c. DATE SIGNED Sep 26 - 60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/27/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) Oak Grove, Missouri	
24. FUNERAL DIRECTOR Walter P. Hedges ADDRESS Hedges Funeral Home Camden, Mo.		25. DATE RECD. BY LOCAL REG. Sep. 26 - 1960		26. REGISTRAR'S SIGNATURE Zilpha J. Isaac	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

0961 0 T 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded, on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter P. Neal

Licensed Embalmer No. 4265

P. O. Address Camdenton, Miss

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.