

FILED MAY 12 1949

## STANDARD CERTIFICATE OF DEATH

State File No. **12151**

BIRTH NO.		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>121</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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton Mo</b>		d. STREET ADDRESS (If rural, give location) <b>607 S 2nd st</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Genl Hosp</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nelle</b> b. (Middle) <b>CHURCH</b> c. (Last) <b>CHURCH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 5 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>wid</b>		8. DATE OF BIRTH <b>Mar 10 1867</b>		9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		
11. BIRTHPLACE (State or foreign country) <b>Liverpool England</b>		12. CITIZEN OF WHAT COUNTRY? <b>England</b>		13a. FATHER'S NAME <b>Jamnia Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Don't know</b>		
14. NAME OF HUSBAND OR WIFE <b>Mr. Church</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>George Church</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic endocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>10-15 yrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving 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. <b>4214</b>		
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 <b>17 Apr</b> , 19 <b>49</b> , to <b>4 May</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>4 May</b> , 19 <b>49</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>James O. Smith M.D.</b>				23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>6 May, 1949</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/7/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Henry Co Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-7-49</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Convalus</b>		ADDRESS <b>Clinton Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-49-503

Date Filed 5-9-49

CERT. 1-7-1957

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 \_\_\_\_\_

Eugene R. Conacher

Student Embalmer No. 281

working under my personal supervision.

Signed Eugene R. Conacher  
Student Embalmer

Signed J. E. Conacher

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo.

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.