

STANDARD CERTIFICATE OF DEATH

State File No. 1952-28-114000/804-1  
Registrar's No. 1952-28-114000/804-1

FILED OCT 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. \_\_\_\_\_

493

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

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived at least 10 days in the year before admission). a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage Mo</u>	
c. LENGTH OF STAY (in this place) <u>no</u>		d. STREET ADDRESS (If rural, give location) <u>119 N. McGregor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 N. McGregor</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Church</u> c. (Last) <u>Church</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-52</u>
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5. SEX <u>f</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>5-28-76</u>	9. AGE (In years last birthday) <u>75</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 HS. (Months) (Days) (Hours) (Min.)
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10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Casper Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Couplin</u>	14. NAME OF HUSBAND OR WIFE <u>Jane Church</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>L</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>Helen Frances Saccio</u>	ADDRESS <u>no</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chor. myo. cardiacit.</u> 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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-4 1952 to 9-26 1952, that I last saw the deceased alive on 9-21 1952, and that death occurred at 9:45 am, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Cassio Mo</u>	23c. DATE SIGNED <u>9-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cassio Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Cassio Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-1-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Jackson &amp; Sons Cassio Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-7-52  
Jasper County Health Office

County File Number 52/10/778

Date Recd 10-7-52

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm X Jackson

Licensed Embalmer No. 3954

P. O. Address Savoy 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.