

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41778**

FILED JAN 8 1953

BIRTH NO. _____ REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **4106** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Series Spg, Mo	c. LENGTH OF STAY (In this place) 6 1/2 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0200	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) ROBERT-LEE-CHURCH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 130 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-22-1888	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 64 6 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Jerico Spg, Mo	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME ROBERT-A-CHURCH	13b. MOTHER'S MAIDEN NAME MARGARET-B-CANTON	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World W.I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna V. Brooks, Jerico Spg.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction		3 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obcess of Liver & Cecum 1 week DUE TO (c) arteriosclerosis Chrom		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infected Gall Bladder 2 yr			

19a. DATE OF OPERATION 12-30-52	19b. MAJOR FINDINGS OF OPERATION obcess of liver & cecum Intestinal obstruction with Great Perforation	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) 4500
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 **12-10-1952** to **12-30-1952**, that I last saw the deceased alive on **12-30-1952**, and that death occurred at **5:24 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W B Ammeter M.D.	23b. ADDRESS Jerico Spring	23c. DATE SIGNED 12-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-1-53	24c. NAME OF CEMETERY OR CREMATORIUM anna elna cem
24d. LOCATION (City, town, or county) (State) 2 S. Jerico Spg. Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Long, Jerico Spg, Mo	
DATE REC'D BY LOCAL REG. 1-3-53	REGISTRAR'S SIGNATURE 471-0 Norma Timmons	

(Licensed Embalmer's Statement on Reverse Side)

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

200
1

0
0

32-504
255
150
15
515

MAR 5 1959

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
Student Embalmer

Signed *R. D. Long*

Licensed Embalmer No. 3714

P. O. Address *Jersey Ave. The*

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.