

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9515**

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>5465</u>	Registrar's No. <u>275</u>
1. PLACE OF DEATH a. COUNTY <u>Streene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>4 Month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aldrich Rt 2 Union Camp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3061 North 65 Highway</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles N.E. of Aldrich</u>		
3. NAME OF DECEASED (Type or Print) <u>Thomas Alexander Churchman</u>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 28 1871</u>	9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>18</u> If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William Churchman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hannie Churchman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (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. J. C. Pfeiffer</u> ADDRESS <u>3001 N. Hurst</u>
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) <u>Cerebral Sclerosis + Malacia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Art. Sclerosis</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 _____		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) <u>332x</u>
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 <u>6 Oct</u> , 19 <u>49</u> , to <u>15 March</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5 March</u> , 19 <u>53</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Stanley S. Peterson MD</u> (Design or title)		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>17 March 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cressant Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>S. 26 of Aldrich Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greene &amp; Blue</u> ADDRESS <u>Polk Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u> <u>County Registrar</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

*Chy Jester*

Licensed Embalmer No. 4154

P. O. Address Bellevue, 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.