

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22915

FILED AUG 8 - 1955

|  |  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>212</u>  |  | PRIMARY REG. DIST. NO. <u>3044</u>   |  | Registrar's No. <u>229</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Eldon</u>   |  | c. LENGTH OF STAY (in this place)<br><u>20 yrs</u>   |  | c. CITY OR TOWN <u>Eldon</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>102 N. Oak St.</u>  |  |  |  | e. STREET ADDRESS (If rural, give location) <u>102 N. Oak St.</u>  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Emma</u><br>b. (Middle) _____<br>c. (Last) <u>Church</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 28, 1955</u> |  |  |  |   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>Feb. 26, 1862</u>  |   |  |
| 9. AGE (In years last birthday) <u>93</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 24 HRS. Hour _____ Min. _____   |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                          |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Co., Mo.</u>   |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |  | 13a. FATHER'S NAME <u>Jonothan Hinkle</u>                        |  | 13b. MOTHER'S MAIDEN NAME <u>Catherine Brown</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Eli Church</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. W. Harvey Eldon, Mo.</u>  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u><br>ANTECEDENT CAUSES <u>c metastasis to adjoining organs.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>181X</u> |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH              |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY?<br>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) _____  |  |  |   |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____  |  | 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 _____, 19 <u>50</u> , to <u>July 28, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>E. Osherson M.D.</u> (Degree or title)   |  |  |  | 23b. ADDRESS <u>Eldon Mo</u>   |  | 23c. DATE SIGNED <u>July 29 1955</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>July 30/55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Brownington, Mo.</u>  |   |  |
| DATE REC'D BY LOCAL REG. <u>July 30 55</u>   |  | REGISTRAR'S SIGNATURE <u>Alvonneta Wall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Phillips</u>   |  | ADDRESS <u>Eldon, Mo.</u>  |   |  |

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

REC

AUG 3 1951

MILLER COUNTY  
DEPT. OF HEALTH

**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.....  
Signature of Student Embalmer

Signed..... *Ernest Z Young* .....

Licensed Embalmer No..... 4 .....

P. O. Address..... *Eldon,* .....

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.