

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE LICENSE NUMBER 32997

Registration District No. 282 Primary Registration District No. 5977 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <del>Franklin</del> <b>POLK</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RR1 FAIRPLAY</b>		c. CITY OR TOWN <b>Aldrich</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 mi SO of FAIRPLAY LIFETIME</b>		d. STREET ADDRESS (If outside, give location) <b>R.P. 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Nannic</b> Middle <b>E.</b> Last <b>Lchurchman</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>-6-</b> Year <b>1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 4 - 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Aldrich, Mo.</b>
13a. FATHER'S NAME <b>J. W. Vincent</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Francis Blair</b>	14. NAME OF HUSBAND <del>OR WIFE</del> <b>Thomas Lurchman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Lowell Churchman - RR1 Fairplay, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic senile dementia</b> DUE TO (b) <b>arteriosclerotic senility</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>334X</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Sept 1, 57</b> to <b>Sept 5, 57</b> and last saw her alive on <b>Sept 5, 57</b> Death occurred at <b>4:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. Smith M.D.</b>		22b. ADDRESS <b>Polk, Mo</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Sept 8 - 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Aldrich - Missouri</b>
24. FEDERAL DIRECTOR <b>Brenn - Samuel Walnut Cross - No</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 11, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell Gordon</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph L. Sauer* .....  
Licensed Embalmer No. *4702* .....  
P. O. Address *Ash Grove, Wisc.* .....

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.