

5. No. 300  
10. 48

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer, Missouri (Rural)</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Parlina</b> b. (Middle) <b>E.</b> c. (Last) <b>Childers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5---10--1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>3---15--1870</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>			

13a. FATHER'S NAME <b>Sam Frazier</b>		13b. MOTHER'S MAIDEN NAME <b>Polly Jenkins</b>		14. NAME OF HUSBAND OR WIFE <b>Paul Childers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myo Degeneration</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Scurvy</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH     <b>1000</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **May 10**, 19**49**, to **May 14**, 19**49**, that I last saw the deceased alive on **May 10**, 19**49** and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Thayer, Mo</b>		23c. DATE SIGNED <b>5-26-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5--11--1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Childers Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Thayer, Missouri (Rural)</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Thayer, Mo</b>			

DATE REC'D BY LOCAL REG. <b>May 30-49</b>		REGISTRAR'S SIGNATURE <b>Ella Crass 416</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Thayer, Mo</b>	
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RECEIVED

6/6/49

District Health Officer No. 5.

District File Number 649434

Filed 6/16/49

**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.

Signed *Richard Carter*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address *St. Charles*

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.