S. No. 300
v. 10.48

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

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22519

BIRTH NO. 35 REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6201 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Texas SARG. TWP
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs, Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs, RR 1 070
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): U.
c. (Last): Childers

4. DATE OF DEATH (Month) (Day) (Year): May 29 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug 27 1885

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 9 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Driller

10b. KIND OF BUSINESS OR INDUSTRY: Drilling Wells

11. BIRTHPLACE (State or foreign country): Dade County Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Houston Childers

13b. MOTHER'S MAIDEN NAME: Corilla Jones

14. NAME OF HUSBAND OR WIFE: Dollie Mae Childers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Row Childers
ADDRESS: Willow Springs Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* May 29, 19 50 *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gaylord Elliott (Degree or title): Coroner 3
23b. ADDRESS: Cabool, Missouri
23c. DATE SIGNED: June 1, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1 1950
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Willow Springs, Mo.

DATE REC'D BY LOCAL REG.: 6-10-50
REGISTRAR'S SIGNATURE: Gaynell Cunningham 325
25. FUNERAL DIRECTOR'S SIGNATURE: Burns Funeral Home
ADDRESS: Willow Springs

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-7-50
District Health Officer No. 5,
District File Number [redacted]
Date Filed [redacted]

6-13-50

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 Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.