

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12955**

County **Jasper** Registrar's No. **192**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **202**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR Joplin	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) 2727 Sargeant St.	
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) L	
c. (Last) Childers		4. DATE OF DEATH (Month) (Day) (Year) April 18, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1, 1877
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Barton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ruben O. Childers		13b. MOTHER'S MAIDEN NAME Berthenia Berry	
14. NAME OF HUSBAND OR WIFE Orva Childers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.F. Brown, 2727 Sargeant St.	
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Generalized Arteriosclerosis. 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"/>		4201	
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) April 18, 1951 11:45 AM	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 April 17, 1951, to April 18, 1951 , that I last saw the deceased alive on April 18, 1951 , and that death occurred at 11:45 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) John W. Kohlert, M.D.		23b. ADDRESS 725 Frisco Bldg. Joplin	
23c. DATE SIGNED 4/20/51			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 4-21-51	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	
24d. LOCATION (City, town, or county) (State) Carterville, Missouri			
DATE REC'D BY LOCAL REG. 4-24-51	REGISTRAR'S SIGNATURE Johnston-Arnce-Simpson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.	

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

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0495

RECEIVED 5-10-51
Jasper County Health Office
County File Number 51/4/593-363
Date Filed 5-11-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Harvey E. Orme

Licensed Embalmer No. 4463

P. O. Address Will City, 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.