

FILED JUN 1 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 17557

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia	c. LENGTH OF STAY (in this place) 47 years	c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	d. STREET ADDRESS (If rural, give location) Rural Route 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 3			

3. NAME OF DECEASED (Type or Print) a. (First) NANNIE b. (Middle) B. c. (Last) CHILDRESS			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1951	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 8, 1865		9. AGE (in years last birthday) 85	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 7	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Hopkinsville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Edwin Edwards		13b. MOTHER'S MAIDEN NAME Nannie Mitchem		14. NAME OF HUSBAND OR WIFE Thomas J. Childress	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Moon, Rt. 3, Sedalia, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.					INTERVAL BETWEEN ONSET AND DEATH 2 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease.					10 yrs.
	DUE TO (c) senility.					10 yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis.					10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical treatment only.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Over 10 yrs 19 May 15th, 1951, 19, that I last saw the deceased alive on 2 weeks ago, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D. Jno. B. Carlisle M.D.		23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED 5-16th, '51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/51	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri		
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DATE REC'D BY LOCAL REG. 5/17/51	REGISTRAR'S SIGNATURE R.G. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-31-51

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

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working under my personal supervision.

Student Embalmer No.

Signed R. E. Baker

Signed
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Seclavia M

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.