

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29960

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 760A	
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OZARK OSTEOPATHIC HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Billings 1040 d. STREET ADDRESS (If rural, give location) Rt. # 1			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Childers		4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1951		5. SEX Male		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8/14/1889		9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Stone County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Childers		13b. MOTHER'S MAIDEN NAME Eliza Estes		14. NAME OF HUSBAND OR WIFE Melinda Hooton Childers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. H. Childers, Rt. # 1, Billin-			
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) Coronary insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
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 Sept 3, 1951, to Sept 4, 1951, that I last saw the deceased alive on Sept 4, 1951, and that death occurred at 7:14 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Homer F. Math, M.D.				23b. ADDRESS Ash Grove, Mo.		23c. DATE SIGNED 9/5/51	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE SEPT. 9-1951		24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL CEMETERY		24d. LOCATION (City, town, or county) (State) CHRISTIAN CO., MO.	
DATE REC'D BY LOCAL REG. 9-8-51		REGISTRAR'S SIGNATURE W. E. Sandley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.			

(Licensed/Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48391
0

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 *John Dean Harris* _____

Licensed Embalmer No. *4390* _____

P. O. Address *Cleveland, 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.