

## STANDARD CERTIFICATE OF DEATH

State File No. 3627

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (in this place) 12 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			d. STREET ADDRESS (If rural, give location) 846 Williams		

3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) E.		c. (Last) Childers		4. DATE OF DEATH (Month) (Day) (Year) January 5, 1952	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 21, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months   Days   1   15		IF UNDER 24 HRS. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME Benjamin Childers			13b. MOTHER'S MAIDEN NAME Mary ?			14. NAME OF HUSBAND OR WIFE Eliza Flowers		
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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. —		17. INFORMANT'S SIGNATURE OR NAME Glen Childers		ADDRESS Sikeston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		DUE TO (b) Hypertension				5 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
		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 331X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan. 2, 1952, to Jan. 5, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE Hanson O. M. Cluse M.D.		(Degree or title)		23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 1-7-52	
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24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Bumguard		24d. LOCATION (City, town, or county) (State) Miller City, Illinois	
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DATE REC'D BY LOCAL REG. 1-11-52		REGISTRAR'S SIGNATURE Mrs Ella Hurster		25. FUNERAL DIRECTOR'S SIGNATURE Berling Funeral Home		ADDRESS Sikeston, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Lester C. Marchildon.....

Licensed Embalmer No. 8332.....

P. O. Address Cairo, Illinois.....

**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.