

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20841

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 259

495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>	c. LENGTH OF STAY (In this place) (Township) <u>2 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>1495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1809 Grand Ave</u>		d. STREET ADDRESS (If rural, give location) <u>1809 Grand Ave</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Orva</u>	b. (Middle) <u>E</u>	c. (Last) <u>Childers</u>	4. DATE OF DEATH (Month), (Day) (Year) <u>June 8, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hickory Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Issac Moffett</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Thompson</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Smith Carterville, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Total pneumonia</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 June 5, 1952 to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 6:30P m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Coates M.D.</u>	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>June 10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-52</u>	REGISTRAR'S SIGNATURE <u>Ed. O. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u>	ADDRESS <u>Webb City, Mo.</u>
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RECEIVED 6-17-52  
Jasper County Health Office

County File Number 52/6/458

Date Filed 6-17-52

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 *Shirley E. Bruce*

Licensed Embalmer No. 44603

P. O. Address *Winn 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.