

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31212
Registrar's No. 12

OCT 14 1952

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

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 3423		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY OR TOWN <u>Arbuda Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Arbuda Rural 0350</u>		d. STREET ADDRESS (If rural, give location) <u>RT 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>E.</u> c. (Last) <u>Childs</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>24</u> (Year) <u>52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>14 April 1894</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13a. FATHER'S NAME <u>Nathan Childs</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE MAY DICKSON</u>		14. NAME OF HUSBAND OR WIFE <u>Tilda Childs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Tilda Childs</u> ADDRESS <u>Arbuda, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular</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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>March</u> , 19 <u>51</u> , to <u>July 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William E. Cook M.D.</u> (Degree or title)				23b. ADDRESS <u>Corduff, Mo.</u>		23c. DATE SIGNED <u>10/4/52</u>	
24a. BURIAL CREMATION, REMOVE (Specify) <u>Buried</u>		24b. DATE <u>July 26 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-6-52</u>		REGISTRAR'S SIGNATURE <u>W. J. Larned</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Fernald</u>		ADDRESS <u>Senath, Mo.</u>	

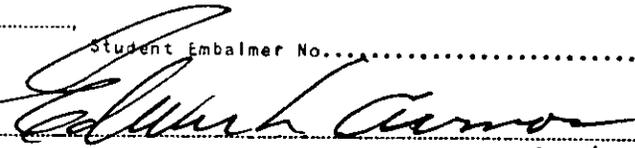
RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-9-52
COUNTY FILE NUMBER 1052-~~5~~276

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..... 

Signed.....
Student Embalmer

Licensed Embalmer No. 4840

P. O. Address Senath 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.