

FILED DEC 17 1952

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH44381
State File No. 6270

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>6267</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sheridan mo Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheridan mo East 4 miles North</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Sheridan mo 1136</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stephen</u>		b. (Middle) <u>Manson</u>		c. (Last) <u>Childers</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>6</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 3 - 1868</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>10</u>		11. DAYS <u>3</u>		12. IF UNDER 1 YEAR Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Portland Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Childers</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna VanSkylark</u>		14. NAME OF HUSBAND OR WIFE <u>Luck Smith Childers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clearence Childers</u> ADDRESS <u>Sheridan 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbidity 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. <u>Arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u> <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		260 X	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> to <u>Dec 6, 1952</u> , that I last saw the deceased alive on <u>Dec 5, 1952</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Grant Anderson M.D.</u>		(Degree or title)		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>12-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 8 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Isadora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Isadora 7770</u>	
DATE REC'D BY LOCAL REG. <u>12-17-1952</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u> 345-0		5. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Grant City Mo</u>			

(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 _____

John Andrews
working under my personal supervision.

Student Embalmer No.

Signed _____

John Andrews
Licensed Embalmer No. *4211*

Signed
Student Embalmer

P. O. Address *Grant 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.