

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13248**

FILED MAY 4 1953 BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 180

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 510 Lyons St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 Lyons St.		0	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) LOU c. (Last) CHILDERS			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 29, 1883		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Elijah T. Ballenger		13b. MOTHER'S MAIDEN NAME Matilda Berry		14. NAME OF HUSBAND OR WIFE Jephtha T. Childers	
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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 ADDRESS Mrs. Alice B. Jacobs, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage  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 1 day  1951
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19a. DATE OF OPERATION none		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) 331X	
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?	

22. I hereby certify that I attended the deceased from Aug-12, 1952, to Apr 28, 1953 that I last saw the deceased alive on Apr-28 1953 and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. C. Juggett M.D.		23b. ADDRESS Columbia Mo		23c. DATE SIGNED 4/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-53		24c. NAME OF CEMETERY OR CREMATORY Rocky Fork Cemetery	
24d. LOCATION (City, town, or county) Boone County, Missouri.		(State)			

DATE REC'D BY LOCAL REG. APR 30 1953		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carver Funeral Home, Columbia Mo	
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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 P. Hillis*

Licensed Embalmer No. 4897

P. O. Address Columbia, 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.