

FILED DEC 14 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38878

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5519 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Near Welch, Mo.</u>		c. CITY OR TOWN <u>Near Welch, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White O. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>MO</u>	

3. NAME OF DECEASED a. (First) <u>CORA.</u> b. (Middle) <u>BELL</u> c. (Last) <u>CHILDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 4 1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>12-4-1876</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Jess. Gatliff</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR PARTNER <u>W. E. Childers</u>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Childers</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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			

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)		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 9-13, 1947, to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly MD</u>		23b. ADDRESS <u>Montrose Mo.</u>		23c. DATE SIGNED <u>12-4-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 7-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norris Cemetery Near Welch</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
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DATE REC'D BY LOCAL REG. <u>Dec-6-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0429

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 R. B. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton, 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.