

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43564

State File No.

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 106

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| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u> | |
| c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural (Rt. 1)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Clinic</u> | | e. LOCATION <u>0600</u> | |

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|-------------------------------------|---------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Arthena</u> | b. (Middle) <u>Belle</u> | c. (Last) <u>Childs</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-21-53</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>Married</u> | 8. DATE OF BIRTH <u>Oct. 3, 1910</u> | 9. AGE (In years last birthday) <u>42</u> | IF UNDER 1 YEAR Months | 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 <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Fletcher, Okla.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>P. D. Ingram</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Horton</u> | 14. NAME OF HUSBAND OR WIFE <u>Wendall Childs</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wendall J. Childs</u> | ADDRESS <u>Noel, Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>1.8. mon</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Carcinoma</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(unreadable) primary uterine carcinoma</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) m. | 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 Jan, 1953, to Aug 21, 1953, that I last saw the deceased alive on Aug 21, 1953, and that death occurred at 7:58 p.m., from the causes and on the date stated above.

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|---|------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D.D. Fountain</u> | 23b. ADDRESS <u>D.O. Noel, Mo.</u> | 23c. DATE SIGNED <u>Dec 31, 53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>8-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Norwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Norwood, Ark.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-31-53</u> | REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u> | 423-1 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>St. M. Humphrey Jr.</u> | ADDRESS <u>Noel, Mo.</u> |
|--|---|-------|---|--------------------------|

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. P. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Wash, 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.