No. 300
10-48

Dr. A. G. Shirey

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31361

BIRTH NO. FILED OCT 13 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 149

0780
1

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bragg City Rural
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN Bragg City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Route 1 0780 0

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Troy c. (Last) Childers

4. DATE OF DEATH (Month) (Day) (Year) 9-25-54

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-24-1892
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 1 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Marion Co Ala
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Childers
13b. MOTHER'S MAIDEN NAME Vilantie Young
14. NAME OF HUSBAND OR WIFE Jeanie Childers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Jeanie Childers ADDRESS Bragg City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic hypertension 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25-, 1954 *to* 9-25-, 1954, *that I last saw the deceased alive on* 9-1-, 1954, *and that death occurred at* 6.56A *m., from the causes and on the date stated above.*

23a. SIGNATURE A G Shirey (Degree or title) M.D.
23b. ADDRESS Hayti Mo
23c. DATE SIGNED 9-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-27-54
24c. NAME OF CEMETERY OR CREMATORY Portageville Cem
24d. LOCATION (City, town, or county) (State) Portageville Mo

DATE REC'D BY LOCAL REG. 10-1-54
REGISTRAR'S SIGNATURE John W German 4065
25. FUNERAL DIRECTOR'S SIGNATURE German Undt Co. ADDRESS Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

10-224-54

OCT 11 1954

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.