

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5237

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RR#4-LEE'S SUMMIT SMDNTHS</u>		c. CITY OR TOWN <u>RR#2</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE LOTAWANA LEE'S SUMMIT</u>		f. STREET ADDRESS (If rural, give location) <u>LAKE LOTAWANA 7000 LEE'S SUMMIT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CHILDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG-28-1908</u>		9. AGE (In years last birthday) <u>46</u>		10. UNDER 1 YEAR Months _____ Days _____	
10. UNDER 24 HRS. Hour _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLNVILLE, OKLA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSEMBLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORD AIRCRAFT</u>			

13a. FATHER'S NAME <u>FRANK G. CHILDERS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HANSON</u>		14. NAME OF HUSBAND OR WIFE <u>BARBARA CHILDERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.II</u>		16. SOCIAL SECURITY NO. <u>500-14-2419</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ms Barbara Childers RR#4 Lees Summit, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemiparesis</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
		DUE TO (c)			
		11. 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr C. C. Kelly</u> (Degree or title)		23b. ADDRESS <u>6629 Prospect Blvd</u>		23c. DATE SIGNED <u>2-10-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>FEB-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Newcomer</u>		ADDRESS <u>1331 Blush St. Mo. Creek</u>	
DATE REC'D BY LOCAL REG. <u>2-11-55</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		485	

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Adrian J. Stitt*.....

Licensed Embalmer No. *458*.....

P. O. Address *K.C. Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.