

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25771**

FILED AUG 18 1955
BIRTH NO. _____ REG. DIST. NO. **115** PRIMARY REG. DIST. NO. **433** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERTSVILLE		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) L325 COUSINS ST. 2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 2			

3. NAME OF DECEASED (Type or Print)	a. (First) FLETCHER	b. (Middle)	c. (Last) CHILDS	4. DATE OF DEATH (Month) (Day) (Year) AUG. 16 1955
5. SEX MALE	6. COLOR OR RACE NEGRO.	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 12, 1884	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY JANITOR	11. BIRTHPLACE (City and State or Foreign Country) GRAY SUMMIT, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BEN CHILDS	13b. MOTHER'S MAIDEN NAME ELIZA JOHNSON	14. NAME OF HUSBAND OR WIFE MABEL ANDERSON CHILDS
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 SARAH BOTTOMS ADDRESS ROBERTSVILLE, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) Robertsville Franklin Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 16, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Natural Causes

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 **5:30^a** m., from the causes and on the date stated above.

23a. SIGNATURE Ernest P. Oltmann (Degree or title) Coroner	23b. ADDRESS Hershel Mo	23c. DATE SIGNED Aug 16, 1955
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE Aug 16-55	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL
24d. LOCATION (City, town, or county) (State) ROBERTSVILLE, MO.		

DATE REC'D BY LOCAL REG. Aug 16-55	REGISTRAR'S SIGNATURE F. T. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE E. F. Oltmann ADDRESS Union Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2560

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... *E. F. Oltmann*

Licensed Embalmer No. *768*

P. O. Address *Union*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.