S. No. 300
V. 10.48

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13834

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. ~~4293~~ 5625 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hurricane
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence of son near Apex

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY lincoln
c. CITY OR TOWN Elsberry
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) North Third St. 0570

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) Dee
c. (Last) Childs

4. DATE OF DEATH (Month) (Day) (Year) 3/23/1957

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 28, 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 0 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) Lincon County, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME David Gililland
13b. MOTHER'S MAIDEN NAME Virginia Wmmack
14. NAME OF HUSBAND OR WIFE Hallock Childs (deceased)

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. none
17. INFORMANT'S SIGNATURE OR NAME Kenneth Childs ADDRESS Elsberry, Mo. R.F.D.

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 31 days

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.

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* Feb 20, 1957, *to* March 23, 1957 *that I last saw the deceased alive on* March 22, 1957, *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Hull M.D. (Degree or title)
23b. ADDRESS Elsberry Mo
23c. DATE SIGNED March 26, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/25/1957
24c. NAME OF CEMETERY OR CREMATORY Star Hope Cemetery
24d. LOCATION (City, town, or county) (State) near Elsberry lincoln, Mo.

DATE REC'D BY LOCAL REG. 4/26/57
REGISTRAR'S SIGNATURE Mrs. Clarence Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller ADDRESS Elsberry, Mo
(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

by me, or by Mar. 23—1957, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, M

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