

FILED APR 23 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13991

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>RURAL-</u>	c. LENGTH OF STAY (In this place) <u>5 YRS</u>	c. CITY OR TOWN <u>Iberia</u>	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>Hickory-Point</u>		e. STREET ADDRESS (If rural, give location) <u>Hickory-Point 0660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lou</u>	b. (Middle) <u>EVA</u>	c. (Last) <u>Childress</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1957</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>Widowed</u>	8. DATE OF BIRTH <u>22 Sept 1881</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months _____ Days _____	if 1 YEAR or more Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden-Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simon-Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth-Gallion</u>	14. NAME OF HUSBAND OR WIFE <u>John-Childress</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm McDowell</u>	ADDRESS <u>Kaiser-30</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		<u>48 HRS</u>
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>DIABETES MELLITUS</u>		<u>YRS.</u> <u>YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>UREMIA</u>			<u>YRS.</u>

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 3-1, 1957, to 3-29, 1957, that I last saw the deceased alive on 3-29, 1957, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.S. Humphreys, D.O.</u>	23b. ADDRESS <u>Tuscumbia-Mo</u>	23c. DATE SIGNED <u>31 Mar-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1 April 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New-Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Miller-Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>April-2-1957</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKays</u>	ADDRESS <u>Blk N</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

195-

RECEIVED

APR 12 '57

Miller County
Health Department

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..... *Faith M. Kays*
Licensed Embalmer No. *3998*
P. O. Address..... *Eldon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.