

Health, Welfare
Public
Service

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Deliver, contained, etc. must use only standard forms prescribed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31387

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5-450 Registrar's No. 105

| | | | | | | | |
|---|---------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Cotton</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Township</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Walters</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural So. of Albany</u> | | | Length of stay in lb <u>3 wks.</u> | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Edward</u> Last <u>Childers</u> | | | | 4. DATE OF DEATH <u>Sept. 9, 1957</u> Month <u>Sept.</u> Day <u>9</u> Year <u>1957</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Aug. 27, 1873</u> | | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Gentry Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13. FATHER'S NAME <u>John A. Childers</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Ann White</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | | 16. SOCIAL SECURITY NO. <u>447-38-1967A</u> | 17. INFORMANT <u>Coleman Childers, McFall, Mo</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> | | | | | | | INTERVAL BETWEEN DEATH AND REPORT <u>8-28-57</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | 331X | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u>2:45</u> Month <u>Aug</u> Day <u>28</u> Year <u>1957</u> a. m. <u>a. m.</u> p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Walters</u> | | 20g. COUNTY <u>Oklahoma</u> STATE | |
| 21. I attended the deceased from <u>Aug 28 -</u> to <u>Sept 3 - 57</u> and last saw ^{him} <u>him</u> alive on <u>Sept 3 - 57</u> . Death occurred at <u>2:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>C. I. Pray, D.O.</u> (Degree or title) | | | | 22b. ADDRESS <u>Albany, Mo.</u> | | 22c. DATE SIGNED <u>9-9-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 23b. DATE <u>Sept 12 - 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Walters</u> | | 23d. LOCATION (City, town, or county) (State) <u>Walters - Oklahoma</u> | | |
| 24. FUNERAL DIRECTOR <u>Pearson Funeral Home, Walters, Okla.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>9-11-'57</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 48

P. O. Address Albany

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.