

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006393
State File No.

FILED MAR 4 - 1958

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. ~~196~~ Registrar's No. 19-58

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissible) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>	
d. CITY OR TOWN <u>HANAGAN</u>		c. CITY OR TOWN <u>Goodman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>RT.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>Childers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-1958</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10-17-1884</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u>1</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>JAME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON Co., ILLS.</u>			12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>ANDERT J. Childers</u>			13b. MOTHER'S MAIDEN NAME <u>Cordehia Reed</u>			14. NAME OF HUSBAND OR WIFE <u>BESSIE Childers</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>486-42-4305</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DEBTA EPPARD</u> ADDRESS <u>HANAGAN, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4201</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.M. Humphrey, Coroner</u> (Degree or title)			23b. ADDRESS <u>Mo.</u>			23c. DATE SIGNED <u>1-31-58</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-2-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PEACE Valley Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-3-58</u>		REGISTRAR'S SIGNATURE <u>Mary G. Bradley</u>		GENERAL DIRECTOR'S SIGNATURE <u>R.M. Humphrey, Coroner</u>		ADDRESS <u>Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 27 1959

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Noel M.*

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.