

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012940
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 45

health, Welfare Public Service
 300-1-56
 3
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coronar, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CABOOL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CLINTON</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>HOTEL PATIO</u>				Length of stay in 1b <u>1 1/2 days</u>		d. STREET ADDRESS (If outside, give location) <u>RT. 1, MT. GROVE</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>BENNIE</u> Middle <u>HARRISON</u> Last <u>CHILDERS</u>						4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>58</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-23-1888</u>		9. AGE (In years last birthday) <u>70</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>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>KINCAID, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>VALENTINE CHILDERS</u>						14. MOTHER'S MAIDEN NAME <u>MARY POTTER</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES WWI 1918-19</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Winnie Main, Cabool, Mo.</u>						
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>CORONARY Occlusion</u>										INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Severe Diabetes</u>		DUE TO (c) <u>CORONARY arteriosclerosis</u>				10 years		
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</u> Month <u>3</u> Day <u>17</u> Year <u>58</u> a. m. <u>0</u> p. m. <u>0</u>												
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			COUNTY		STATE	
21. I attended the deceased from <u>3/14/58</u> to <u>3/17/58</u> and last saw <u>him</u> alive on <u>3/17/58</u> Death occurred at <u>8: A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>J. L. Spars M.D.</u>						22b. ADDRESS <u>Cabool, Mo.</u>			22c. DATE SIGNED <u>3/18/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-22-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>						
24. FUNERAL DIRECTOR <u>Elliot - Nantz, Cabool, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-19-58</u>		26. REGISTRAR'S SIGNATURE <u>Raynell Cunnigham</u>				

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1958

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.....
James L. Bently

Licensed Embalmer No. *477*

P. O. Address *Cabool*

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.