

FILED MAY 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013801

STATE FILE NUMBER 463

J. W. Klingner & Co.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No.

S. 300
v. 1-57

136 East Pacific
SPRINGFIELD, MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE <i>0396</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PURGE HOSP.		d. STREET ADDRESS (If outside, give location) 2221 N. Broadway	
Length of stay in lb 21 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last STELLA CHILDERS			4. DATE OF DEATH Month Day Year April 29, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 15 Nov. 1892
9. AGE (In years last birthday) 65		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Drysdale	
13b. MOTHER'S MAIDEN NAME Mary Garver		14. NAME OF HUSBAND OR WIFE William R. Childers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown) (If yes, give war or No (of service)) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Hospital Records		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) Metastatic Cancer			INTERVAL BETWEEN ONSET AND DEATH 4 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) of lungs			2 yrs
DUE TO (c) Primary from Ca breast			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			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 Month, Day, Year a.m. 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		COUNTY STATE	
21. I attended the deceased from 8/13/57 to 4/29/58 and last saw her alive on 4/29/58 Death occurred at 11:50 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas E. Schubert MD		22b. ADDRESS 609 Cherry Springfield, Missouri	
22c. DATE SIGNED 4/30/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-1-58	
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR. J. W. Klingner & Co.		25. DATE RECD. BY LOCAL REG. 5-1-58	
ADDRESS Spngld. Mo.		26. REGISTRAR'S SIGNATURE Effie S. Melton	

JAN 16 6 1956

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 *Ogle Stone Jr.*
Licensed Embalmer No. *4176*
P. O. Address *Springfield*

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.