

Health, & Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017432
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 385

S. 300
v. 1-57

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Alton 0750 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. Length of stay in 1b | | d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Franklin Delano Childress | | | 4. DATE OF DEATH Month Day Year May 23, 1958 | | |
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|---------------|------------------------|---|-------------------------------|------------------------------------|------------------------------|------------------------------|
| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 7, 1942 | 9. AGE (In years last birthday) 16 | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
|---------------|------------------------|---|-------------------------------|------------------------------------|------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Mine | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Alton, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? Us. |
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| 13a. FATHER'S NAME Aubrey Childress | 13b. MOTHER'S MAIDEN NAME Mary Ellen Stephens | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Clary Funeral Home, Alton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull - Temporal Bone | | 19. INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Auto accident | |
| | DUE TO (c) | |

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| 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"/> |
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| 20a. ACCIDENT <input checked="" 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.) Auto Accident |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 075 | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 |
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| 21. I attended the deceased from 5-20-58 to 5-23-58 and last saw him alive on 5-23-58 Death occurred at 11:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) W. H. ... | 22b. ADDRESS Poplar Bluff, Mo | 22c. DATE SIGNED 5-26-58 |
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|--|----------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2-23-58 | 23c. NAME OF CEMETERY OR CREMATORY Alton Cem. | 23d. LOCATION (City, town, or county) (State) Alton, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo. | 25. DATE RECD. BY LOCAL REG. 5/31/58 | 26. REGISTRAR'S SIGNATURE R. H. ... |
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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.

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RECEIVED
JUN 3 1958

JUN 18 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.