Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005117
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY Greene County
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Length of stay in 1b 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Marionville R 1 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS R1 (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Roscoe Middle Last Childers
4. DATE OF DEATH Month Feb. Day 28, Year 1959

5. SEX Male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Jan.15,1910
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months 1 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME David L. Childers
13b. MOTHER'S MAIDEN NAME Alice Points
14. NAME OF HUSBAND OR WIFE Wanda Childers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-24-2413
17. INFORMANT Address Mrs. R. Childers, Marionville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct 1958, to 2-28-59 and last saw ~~her~~ him alive on 2-28-59
Death occurred at 12:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rashley MD.
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 3-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb.28,1959
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State) Marionville, Missouri.

24. FUNERAL DIRECTOR J. B. Smidz ADDRESS Marionville, Mo.
25. DATE RECD. BY LOCAL REG. 3-3-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JUN 29 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 William A. Fuller

Licensed Embalmer No. 4656

P. O. Address Marshfield

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.