

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009324

Health, Welfare, Public Service

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1541 Registrar's No.

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W A HOSPITAL		d. STREET ADDRESS 4714 HARRISON STREET	
Length of stay in lb 67 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle W. Last CHILDS			4. DATE OF DEATH Month March Day 23 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 27, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS Hours 11 Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist, retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schell City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fielding Childs	13b. MOTHER'S MAIDEN NAME Laura Hathaway	14. NAME OF HUSBAND OR WIFE JANE CHILDS
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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) Yes WWT	16. SOCIAL SECURITY NO. 496 01 2436	17. INFORMANT VA Hospital Official Records, K. C. Mo.	Address
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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) Terminal cardiac arrhythmia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Interstitial myocardial fibrosis	
	DUE TO (c) Coronary atherosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Emphysematous lungs, advanced		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 11 Month 11 Day 11 Year 1959 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Schell City	COUNTY Missouri	STATE
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21. attended the deceased from Death occurred at 5:35 a m on the date stated above; and to the best of my knowledge, from the causes stated.	March 18, 1959 to March 23, 1959 and first saw him alive on March 23, 1959
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22a. SIGNATURE A. J. WILLIAMS, M.D.	(Death by title) <i>A. J. Williams</i>	22b. ADDRESS VA Hospital, Kansas City, Mo	22c. DATE SIGNED 3-23-59
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23a. BURIAL CREMATION, Burial (Specify)	23b. DATE MARCH 26, 1959	23c. NAME OF CEMETERY OR CREMATORIUM Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) SHELL City Missouri
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C. Missouri	1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 3-25-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *B. J. Nelson*

Licensed Embalmer No. *14401*

P. O. Address *Kanawha Co.*

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.