

Birth, Marriage, Divorce, Death, and other vital records.

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FILED VS JUL 23 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

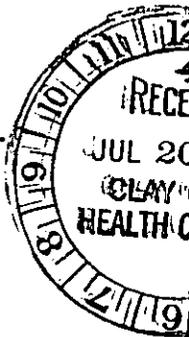
59-024510

Registration District No. 73 Primary Registration District No. 5297 STATE FILE NUMBER 86 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		c. CITY OR TOWN <b>Excelsior Springs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>I.O.O.F. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. I</b>	
3. NAME OF DECEASED (Type or print) <b>JOHN E. CHILDERS</b>		4. DATE OF DEATH <b>July 12, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 9, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman &amp; Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXX</b>	9. AGE (In years last birthday) <b>77</b>
13a. FATHER'S NAME <b>Charles Hinkle</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Ann Acker</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT <b>MRS. Hazel Johnston, R.F.D.I Ex.Spgs</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4500</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 18</b> to _____ and last saw him alive on <b>July 11-59</b> Death occurred at <b>5A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm J Goodson</b> (Degree or title) <b>0</b>		22b. ADDRESS <b>Liberty Mo</b>	
22c. DATE SIGNED <b>7/18/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 14, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, MO.</b>	
24. FUNERAL DIRECTOR <b>Vingil Hope, Ex. Spgs. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-59</b>	
26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Chas. Virgil Hope* .....

Licensed Embalmer No. *3950* .....

P. O. Address. *Epelston Sp* .....

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.