URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-038616

FILED VS OCT 2 9 1959

Registration District No. 333 Primary Registration District No. ~~3074~~ 4490 Registrar's No. 186

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blodgett, Mo. — Length of stay in 1b 8 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Res. Rt. 1 Sikeston, Mo — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Blodgett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Oliver Middle Elwood Last Childers

4. DATE OF DEATH Month Oct. Day 20th Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-25-1879
9. AGE (last birthday) 79 79 — IF UNDER 1 YEAR Months 11 Days 25 — IF UNDER 24 HR 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 None
11. BIRTHPLACE (City and state or country) Jay County, Indiana
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Childers
13b. MOTHER'S MAIDEN NAME Melissa Bickel
14. NAME OF HUSBAND OR WIFE Susan P. Willis

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. None
17. INFORMANT Susan P. Childers Address

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) A C V Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 6-15-59, to 10-17-59 and last saw her/him alive on 10-17-59
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alden L Bargent MD
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 10-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-22-59
23c. NAME OF CEMETERY OR CREMATORY Forrest Hills
23d. LOCATION (City, town, or county) (State) Morley, Mo.

24. FUNERAL DIRECTOR Nunnelee Fun Chapel Edw. E. Nunnelee
ADDRESS Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 10-24-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

This Patient has been bed fast and Comatose since a
saw him. and was Comatose when last seen

A. B. Sargent M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward E. Nunnelee
Signature of Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Sikeston, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
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.