

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

160-009716

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay in 1b 8 days	c. CITY OR TOWN Memphis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Memphis
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Wilford Leroy Middle Childress Last	4. DATE OF DEATH Month March Day 25 Year 1960
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/18/1926	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Scotland Co., Mo.	11. BIRTHPLACE (City and state or country) Scotland Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Warren Childress	13b. MOTHER'S MAIDEN NAME Nellie Waide	14. NAME OF HUSBAND OR WIFE Jean Childress
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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) March, 1946 March, 1947	16. SOCIAL SECURITY NO. 496-10-8283	17. INFORMANT Address Jean Childress Memphis, Missouri
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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:		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rupture of Aneurysm of Anterior Communicating Artery	
	DUE TO (c) Communicating Artery	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 6:20 Month, Day, Year March 25, 1960 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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 Memphis	COUNTY Missouri	STATE
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21. I attended the deceased from **24 March 1960** to **25 March 1960** and last saw him alive on **25 March 1960**
Death occurred at **6:20 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Claus A. Rheweder, D.O. (Degree or title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 3-31-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery	23d. LOCATION (City, town, or county) Memphis, Missouri	(State)
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24. FUNERAL DIRECTOR Leif Baskett ADDRESS Memphis Mo	25. DATE RECD. BY LOCAL REG. 4-1-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CLAUSS A. ROHWEDER, D.O.

STATEMENT BY LICENSED EMBALMER

APR 8 1960

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 _____

Fred Lentz

Licensed Embalmer No. 425

P. O. Address Memph

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.