

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8208

0470
1

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY OR TOWN RR 45 Clinton		c. LENGTH OF STAY (in this place) 3 year		c. CITY OR TOWN Clinton Mo RR 5		d. STREET ADDRESS (If rural, give location) 0470	
3. NAME OF DECEASED a. (First) GEORGE THOMAS b. (Middle) CHILDERS c. (Last) CHILDERS				4. DATE OF DEATH (Month) (Day) (Year) 4-5-1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4/10/1896	
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SICLAIR Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY CHILDERS		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE MARY ELIZABETH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARChie Childers Clinton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurility					
19a. DATE OF OPERATION 12-6-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 3, 1950, to April 5, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 8:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert H. Hasbuhl (Deputy or title)				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 4-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/51		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. April-7-51		REGISTRAR'S SIGNATURE Florence Adair		FURNERAL DIRECTOR'S SIGNATURE J. E. Consolev		ADDRESS Clinton Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-9-51 _____

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 _____
Student Embalmer

Signed _____

Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

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 this body is not embalmed, fact should be so stated above.