

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27854

State File No.

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. <u>187</u>	PRIMARY REG. DIST. NO. <u>5504</u>	Registrar's No. <u>41</u>
1. PLACE OF DEATH a. COUNTY <u>HENRY 0420</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry 1420</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR#1 Fields Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>RR#1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home RR#1 Top.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u> b. (Middle) <u>MAY</u> c. (Last) <u>CHILDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 4 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5/2/1901</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>HENRY TUBBESING</u>		13b. MOTHER'S MAIDEN NAME <u>ISABELLE STUTTE</u>		14. NAME OF HUSBAND OR WIFE <u>HADIE OTTO CHILDERS</u>
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 <u>Audie Childers</u> ADDRESS <u>Clinton Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA CERVIX & UTERUS</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>JULY</u> , 19 <u>51</u> , to <u>SEPT</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1 SEPT</u> , 19 <u>52</u> , and that death occurred at <u>3:30a</u> m.; from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>5 Sept. 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD</u>
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>				
DATE REC'D BY LOCAL REG. <u>Sept. 8-22</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Connelley</u> ADDRESS <u>Clinton Mo</u>

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

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. Covalev

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.