

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19583

State File No.

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>3 mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1107 Olive St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u> d. STREET ADDRESS (If rural, give location) <u>516 Williams St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELLA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>CHILDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 27, 1893</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months Days 11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same name</u>		11. BIRTHPLACE (State or foreign country) <u>Pattonburg, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kidwell</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Childs - Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Childs - Chillicothe 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>Gastric hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) <u>Juvenile due to liver metastasis</u> 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>2 days</u> <u>3 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June 1</u> , 19 <u>54</u> , to <u>June 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph F. Galt, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>6-21-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Jordan - Chillicothe Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Joy E Williamson

Licensed Embalmer No. *4883*

P. O. Address *Chillicothe, 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.