

FILED MAR 16 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 8158

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98-2 PRIMARY REG. DIST. NO. 3357 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <i>Daviess</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Sentry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Amos Benton Twp</i>		c. LENGTH OF STAY (in this place) <i>6 hrs</i>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>McFall mo</i>		0320	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>John</i>	b. (Middle) <i>Allen</i>	c. (Last) <i>Childers</i>	(Month) <i>2</i>	(Day) <i>20</i>	(Year) <i>1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Feb. 7 1932</i>	9. AGE (In years last birthday) <i>18</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Student</i>		11. BIRTHPLACE (State or foreign country) <i>McFall, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>					

13a. FATHER'S NAME <i>Harvey L. Childers</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth Jameson</i>		14. NAME OF HUSBAND OR WIFE <i>X</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>497-28-6830</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harvey L. Childers</i>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Crushed. Body &amp; Broken Neck</i>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Caused by a stroke which overtook			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>on Farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>New Pottsville Daviess MO 031</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2, 20, 1950 2:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Tractor he was driving over turned over a Bank crushing body &amp; breaking neck</i>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased *live on after death, 1950*, and that death occurred at *2* P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John T. Tarter</i>		23b. ADDRESS <i>Pottsville mo</i>		23c. DATE SIGNED <i>2/20/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-22-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>McFall</i>	
				24d. LOCATION (City, town, or county) (State) <i>McFall mo</i>	

DATE REC'D BY LOCAL REG. <i>9th March</i>		REGISTRAR'S SIGNATURE <i>Viguerie M. Englehart</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>G. Schomer</i>	
				ADDRESS <i>Pottsville MO</i>	

(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 G. S. Homer

Licensed Embalmer No. 2857

P. O. Address Patonsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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