

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 9 1952

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 432

395-1
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Big River Twp. | | c. LENGTH OF STAY (in this place) 2 weeks | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway # 61 six miles north of Bonne Terre | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton | |
| | | d. STREET ADDRESS (If rural, give location) / | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) JACKSON c. (Last) CHILDERS | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1951 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Jan. 23 1871 | 9. AGE (in years) (Month) (Day) (Year) (Hours) (Min.) 80 11 7 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Iron Co. Mo. |
| | | | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Joseph Jackson Childers | 13b. MOTHER'S MAIDEN NAME Sarah P. Hampton | 14. NAME OF HUSBAND OR WIFE Rosa Jennie Childers |
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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) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewey Childers, Ironton Mo. |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes, had been seen by | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) M.D. 1 month ago, for a cold in DUE TO (c) the chest. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 494X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Paul K. Dezel, Deputy Sheriff for Ironton | 23b. ADDRESS Farmington, Mo. | 23c. DATE SIGNED 1/1/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1-1-52 | 24c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery | 24d. LOCATION (City, town, or county) (State) Ironton Mo. |
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| DATE REC'D BY LOCAL REG. Jan. 1, 1952 | REGISTRAR'S SIGNATURE Esther Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Ruel White |
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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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Porter New

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.