

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13599**

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.		c. LENGTH OF STAY (in this place) 5 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp. Excelsior Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, 6002	
		d. STREET ADDRESS (If rural, give location) 404 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) ODUS	b. (Middle) L	c. (Last) CHILDERS	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	11. BIRTHPLACE (City and State or Foreign Country) Pineville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rube Childers	13b. MOTHER'S MAIDEN NAME Mary Copper	14. NAME OF HUSBAND OR WIFE Sadie 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) Yes WW I	16. SOCIAL SECURITY NO. 505407226	17. INFORMANT'S SIGNATURE OR NAME Veterans Administration Hospital Records	ADDRESS
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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) Cardiac infarction with cardiac decompensation		Unkn
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c)		Unkn
II. OTHER SIGNIFICANT CONDITIONS Multiple. uriniferous cysts, right kidney Undeveloped left kidney		Unkn	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 4-8, 1953 to 4-12, 1953 and that death occurred at 6:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Mantell (Degree or title) M. J. MANTELL, M.D.	23b. ADDRESS Veterans Administration Hospital Excelsior Springs, Missouri	23c. DATE SIGNED 4-13-53
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24a. BURIAL CREMATION REMOVAL (Specify) Funeral	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo
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DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE De Mar-Oriskany	ADDRESS Canaan, Ind
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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

Harold Walker

Licensed Embalmer No. 4588

P. O. Address

Laibrop 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.