

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27961

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 0164	
c. LENGTH OF STAY (in this place) 28 yrs.		d. STREET ADDRESS (If rural, give location) 424 S. Frederick St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 424 S. Frederick St.			

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) Felton c. (Last) Childers			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1953		
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 19, 1886		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and State or Foreign Country) Olive Branch, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Alfred Childers		13b. MOTHER'S MAIDEN NAME Martha Miller		14. NAME OF HUSBAND OR WIFE Grace Phelps Childers	
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. 490-05-6231		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmo Meystedt Cape Girardeau, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 9 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Liver DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561		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)		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 May 1953, to Sept-6, 1953, that I last saw the deceased alive on Sept. 6, 1953, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. W. Winsay (Degree or title) D.O.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED Sept-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/53		24c. NAME OF CEMETERY OR CREMATORY Thebes Ill. Cemetery	
24d. LOCATION (City, town, or county) Thebes Ill.		24e. (State) Ill.			
DATE REC'D BY LOCAL REG. 9-7-53		REGISTRAR'S SIGNATURE T. C. Summers		FURNERAL DIRECTOR'S SIGNATURE J. J. [unclear] ADDRESS Cape Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

C. J. Loberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.