

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28374

State File No.

FILED SEP 8 - 1953

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 843

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 2nd Campbell		c. CITY OR TOWN Rural, N. Campbell	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Springfield RFD#6		e. STREET ADDRESS (If rural, give location) Springfield RFD#6	

3. NAME OF DECEASED (Type or Print) a. (First) IDA	b. (Middle) JANE	c. (Last) CHILDS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1 Nov. 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) North Carolina	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Milton	13b. MOTHER'S MAIDEN NAME Salina Meals	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Meady Brittan	ADDRESS Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) followed by acute DUE TO (c) Bronchitis		INTERVAL BETWEEN ONSET AND DEATH 1 Month 3 weeks
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	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) 481x

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 **Aug 5, 1953**, to **Sept 3, 1953**, that I last saw the deceased alive on **Sept 7, 1953**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.S. Britton	(Degree or title) M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 9/4/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-5-53	24c. NAME OF CEMETERY OR CREMATORY Hall Cemetery	24d. LOCATION (City, town, or county) (State) Douglas County Mo.
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DATE REC'D BY LOCAL REG. 9-4-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO.	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0390

APR 4 1952

APR 4 1955

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.....
Signature of Student Embalmer

Signed.....
Ogle Stone Jr.

Licensed Embalmer No..... 417

P. O. Address.....
Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.