

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 425

FILED FEB 7 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Cape Girardeau</u>			c. LENGTH OF STAY (in this place) <u>?</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> <u>0161</u>			d. STREET ADDRESS (If rural, give location) <u>Farmington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo. Hosp</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clyde</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Childs</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>29,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u>		8. DATE OF BIRTH <u>May 27, 1886</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Childs</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Bishop Childs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>488-078315</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Russell G. Elliott</u>		ADDRESS <u>St. Louis, Mo.</u>	
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) <u>Leukemia, Lymphatic</u>		ANTECEDENT CAUSES				<u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c) <u>Ca of Prostate</u>				<u>2 months</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Coronary artery disease</u>				<u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>				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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
I hereby certify that I attended the deceased from <u>Nov. 15</u> , 195 <u>4</u> , to <u>Jan. 24</u> , 195 <u>5</u> , that I last saw the deceased alive on <u>Jan. 29</u> , 195 <u>5</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>C.F. McDonald</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>Feb. 2, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>Pocahontas Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Summers</u>		ADDRESS <u>Jackson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10 12 1935

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Lyman Steele

Signed.....
Student Embalmer

Licensed Embalmer No. 2476

P. O. Address. Jackson

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.

Lyman Steele