

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3953

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY Buchanan 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) over 50 yrs d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital e. STREET ADDRESS (If rural, give location) 312 Francis Street

3. NAME OF DECEASED (Type or Print) a. (First) OLA b. (Middle) _____ c. (Last) CHILDERS 4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH February 5, 1891 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Mathew Childers 13b. MOTHER'S MAIDEN NAME Melbina Bailey 14. NAME OF HUSBAND OR WIFE None

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. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Iva Kearnes ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident
ANTECEDENT CAUSES DUE TO (b) _____
**This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.* DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Found on Sidewalk on 2-21-55; fractured left hip, and skull.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ E9005 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri

21d. TIME (Month) (Day) (Year) Found Feb. 21, 1955 11:15 PM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell down stairway to sidewalk

22. I hereby certify that I attended the deceased from 7-25 1950, to 2-22 1955, that I last saw the deceased alive on 2-22 1955, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold Kleng M.D. 485 23b. ADDRESS Tootle Building St. Joseph, Mo. 23c. DATE SIGNED 2-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 24, 1955 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. March 3 1955 REGISTRAR'S SIGNATURE Bathred M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home ADDRESS St. Joseph, Mo.

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

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..... *Charles E. Bennett*

Licensed Embalmer No. *462*

P. O. Address *St. Joseph*

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.