

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14260

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5982</u>		Registrar's No. <u>48</u>					
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hope, Mo.</u>		c. LENGTH OF STAY (in this place) <u>28 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooney Township</u>		d. STREET ADDRESS (If rural, give location) <u>3/4 mi. W. Pleasant Hope</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3/4 Mi. W. Pleasant Hope</u>				d. STREET ADDRESS (If rural, give location) <u>3/4 mi. W. Pleasant Hope</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susanah</u>			b. (Middle) <u>(Susie)</u>		c. (Last) <u>Childers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 18, 1876</u>		9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months <u>2</u> Days <u>26</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri Valley, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Enos Heaston</u>			13b. MOTHER'S MAIDEN NAME <u>Martha E. Yapple</u>			14. NAME OF HUSBAND OR WIFE <u>Elmer Childers</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. R. Childers Pleasant Hope, Mo.</u>				ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive circulatory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged recumbency necessitated</u> by <u>myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				Unknown			
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)		4201					
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 <u>Oct. 10, 1955</u> , to <u>Apr. 13, 1956</u> , that I last saw the deceased alive on <u>Apr. 12, 1956</u> and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Harry R. Agnew D.O.</u>				23b. ADDRESS <u>Pleasant Hope, Mo.</u>				23c. DATE SIGNED <u>Apr. 14, 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope Cemetery Pleasant Hope, Mo.</u>		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. <u>April 24, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Brown</u> ADDRESS <u>Pleasant Hope, Mo.</u>						

(Licensed Embalmer's Signature on Reverse Side)

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

MAY 2 1951

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 B. Ewin

Licensed Embalmer No. *3092*

P. O. Address *Ballwin, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.