

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024998

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville 02720		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR AT INSTITUTION At home, 903 Locust		Length of stay in 1b 10 Yrs.	d. STREET ADDRESS (If outside, give location) 903 Locust St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clara Lou Thornton Childers.			4. DATE OF DEATH Month Day Year July 16 1958		
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 28, 1872		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Saline County, Mo. 0	
10c. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jack Thornton		13b. MOTHER'S MAIDEN NAME Jennie Thornton	
13c. NAME OF HUSBAND OR WIFE Mason 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. -----	
17. INFORMANT Jack Childers, Boonville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		INTERVAL BETWEEN ONSET AND DEATH Instant ? 331X	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Boonville Mo		20g. COUNTY Howard		20h. STATE Mo.	
21. I attended the deceased from Jan 1956 to 7-16-58 and last saw her alive on 7-16-58 Death occurred at 345 P. on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE TC Beckett mal		22b. ADDRESS Boonville Mo
22c. DATE SIGNED 7-17-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 19, 1958	
23c. NAME OF CEMETERY OR CREMATORY Boonsboro		23d. LOCATION (City, town, or county) Howard County, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.		24a. ADDRESS Boonville, Mo.		24b. DATE RECD. BY LOCAL REG. 7-17/58	
24c. REGISTERS SIGNATURE D. Hooper		24d. (State)		24e. (City, town, or county)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 William W. Wood

Licensed Embalmer No. 4539  
P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.