URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-026327

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 53

ENDED

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Benton — Length of stay in 1b: 38 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo Rt. # 1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Buffalo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle D. Last Childress

4. DATE OF DEATH: Month July Day 26 Year 1960

5. SEX: Female
6. COLOR OR RACE: caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 3, 1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months 2 Days 23 — IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Dallas County Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Jim Brundridge
13b. MOTHER'S MAIDEN NAME: Rebecca Randleman
14. NAME OF HUSBAND OR WIFE: William Childress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: James Childress Address: Buffalo, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis + Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 7-26-60 and last saw her alive on 7-16-60
Death occurred at 8:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Hammon (Degree or title) M.D.
22b. ADDRESS Buffalo, Missouri
22c. DATE SIGNED 7-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 28, 1960
23c. NAME OF CEMETERY OR CREMATORY: Fraker Cemetery
23d. LOCATION (City, town, or county) (State): Dallas County Missouri

24. FUNERAL DIRECTOR ADDRESS: Montgomery Funeral Home Buffalo, Missouri
25. DATE RECD. BY LOCAL REG.: 8/2/60
26. REGISTRAR'S SIGNATURE: Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Vernon H. Vieto

Signature of Student Embalmer

Licensed Embalmer No. 5083

P. O. Address Buffalo, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.