

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34177

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>4331</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamestown, Mo. Linn</u>		c. LENGTH OF STAY (If in this place) <u>5 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamestown, Mo City Linn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jamestown, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Jamestown, Mo 0680</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louis</u>		b. (Middle) <u>Evrett</u>		c. (Last) <u>Childress</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 30, 1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>In Cafe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>H. Smith Childerss</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Brizendine</u>		14. NAME OF HUSBAND OR WIFE <u>Winnie Mae Childerss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>405.09.7936</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lawrence Dietzel</u>		ADDRESS <u>Jamestown, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>death</u> <u>when first seen</u> , 19 <u>50</u> , to <u>6/30A</u> , 19 <u>50</u> , and that death occurred at <u>6/30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Benjamin Latham M.D. Coroner</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>10-28-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/26/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 26-1950</u>		REGISTRAR'S SIGNATURE <u>Gada M. Snow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl O. Bowlin</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10/28/58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-28-58

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 _____

Jack Howard Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack Bowlin.....
Student Embalmer

Signed Earl R. Bowl

Licensed Embalmer No. 2126

P. O. Address California

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.