

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12394

State File No. \_\_\_\_\_

1680

Registrar's No. \_\_\_\_\_

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

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BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>1680</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>310 West 12th Street</u>		
3. NAME OF DECEASED a. (First) <u>Nelle</u>		b. (Middle) <u>S.</u>		c. (Last) <u>FLORY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 15th, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1893</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>00</u> IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Liberty Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel W. Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Flory</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Husband, Clyde Harrison, Kansas City</u> ADDRESS <u>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>Probable Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4201</u> Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Husband too sick to sign certificate</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u> (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) _____ m. _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:10 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>High N. OWENS</u> (Degree or title)			23b. ADDRESS <u>1034 Rialto Blvd</u>	
23c. DATE SIGNED <u>4-16-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-16-49</u>	REGISTRAR'S SIGNATURE <u>Pauline Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Eylar</u> ADDRESS <u>K. C. Mo.</u>		

**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.

Signed.....

*Edwin E. Heck*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*4063*

P. O. Address.....

*R. E. Gro.*

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