FILED JUL 27 1949

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25774

BIRTH NO. 46823-49 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Bend
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Bend
d. STREET ADDRESS (If rural, give location): Malta Bend, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Gertrude
c. (Last): Florence

4. DATE OF DEATH (Month) (Day) (Year): 7-17-49

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-17-49
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 1 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Malta Bend, Mo
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: William Florence
13b. MOTHER'S MAIDEN NAME: Evelyn Carson
14. NAME OF HUSBAND OR WIFE:

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'S SIGNATURE OR NAME: Evelyn Florence
ADDRESS: Malta Bend

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) do not know
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 776 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1949, *to* July 17, 1949 *that I last saw the deceased alive on* July 17, 1949, *and that death occurred at* 8100 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. A. Kelling M.D.
23b. ADDRESS: Waverly, Missouri
23c. DATE SIGNED: 7-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-20-49
24c. NAME OF CEMETERY OR CREMATORY: Malta Bend
24d. LOCATION (City, town, or county) (State): Malta Bend Mo.

DATE REC'D BY LOCAL REG.: July 20-1949
REGISTRAR'S SIGNATURE: Sidney T Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE: Green & Sons
ADDRESS: Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25
District Health Officer No. 3
District File No. _____
Date Filed 7-26-49

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 420

P. O. Address _____

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.