

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39711**

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	0013
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital and Cl.		d. STREET ADDRESS (If rural, give location) 1026-N-Edgar St,	

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) LEONA c. (Last) SHOLLY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1915		9. AGE (In years last birthday) 35	10. MONTHS	11. DAYS	12. HOURS	13. MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory employee		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (State or foreign country) Memphis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Ora Pettit		13b. MOTHER'S MAIDEN NAME Flora Wellfort		14. NAME OF HUSBAND OR WIFE Albert Sholly	
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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. None	17. INFORMANT'S SIGNATURE OR NAME Albert Sholly	18. ADDRESS 1026-N-Edgar, Kirksvil
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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) Thrombosis right lateral ventricle		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) of brain Septensive			
		DUE TO (c) massive cerebral hemorrhage		3 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 14, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec. 17, 1950, and that death occurred at 7:03 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. W. McClure, D.D.</i>	(Degree or title)	23b. ADDRESS <i>2 Kirkville, Mo</i>	23c. DATE SIGNED <i>12/19/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkville, Missouri
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DATE REC'D BY LOCAL REG. 12-21-50	REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert B. Harris</i>	ADDRESS <i>Kirkville, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 21 1951

Date Received: DEC 27 1950

DISTRICT HEALTH OFFICE #2

District File Number 12-50-219

Date Filed:

DEC 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address. Kirksville, Missouri

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.