

STANDARD CERTIFICATE OF DEATH

State File No.

SEP 20 1951

BIRTH NO. _____ REG. DIST., NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Harrison.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway.</u>	
c. LENGTH OF STAY (In this place) <u>5.</u>		d. STREET ADDRESS (If rural, give location) <u>South Part town.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora.</u>	b. (Middle) <u>Belle.</u>	c. (Last) <u>Provin.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>sep. 8-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed.</u>	8. DATE OF BIRTH <u>Oct-6-1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>23</u> Min. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Home Keeper of Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wapella Co Yowd</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Calvin Francis.</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Horace R Provin Decad</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give part or date of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>174X</u> ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus with metastasis to intestinal tract</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with complete obstruction</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 9/13, 1949, to 9/3, 1951, that I last saw the deceased alive on 9/3, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marrian Carter M.D.</u> (Degree or title)	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>9/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>sep. 6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>gentle's Ridge.</u>	24d. LOCATION (City, town or county) (State) <u>2 1/2 mi. S.E. Ridgeway Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 14 51</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Rogers</u> ADDRESS <u>Ridgeway Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Student
Student Embalmer

Signed

Robert R. Boggers

Licensed Embalmer No. _____

3576

P. O. Address _____

Ridgely, Md

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.