S. No. 300
v. 10-48

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15436

BIRTH NO. _____ REG. DIST. NO. 973 PRIMARY REG. DIST. NO. 4545 Registrar's No. 26

1120

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARSHFIELD MO
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARSHFIELD MO 1120
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GEORGIA b. (Middle) LILLIAN c. (Last) FLORENCE

4. DATE OF DEATH (Month) APR (Day) 22 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN 30 1885
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARSHFIELD MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ALONZA HEADLEE
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE WALTER FLORENCE

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER FLORENCE MARSHFIELD

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) Unknown Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Paralytic Episodes (In Wheel Chair Many Years) — 15 yrs.
DUE TO (c) Unknown (Not Hypertensive Disease)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystitis (due to Paralysis Stasis). Marked — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cachexia & Anemia. 352X
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* 5/15, 1951, *to* 4/22, 1952, *that I last saw the deceased alive on* 5/15, 1951, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C.R. Macdonnell, M.D.
23b. ADDRESS
23c. DATE SIGNED 4/23/1952

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-24-1952
24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD
24d. LOCATION (City, town, or county) (State) MARSHFIELD MO

DATE REC'D BY LOCAL REG. 5/9/52
REGISTRAR'S SIGNATURE J. Francis 392-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1952

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.....

Licensed Embalmer No. 3848

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.