

FILED FEB 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

112

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>504 Fifth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 Fifth Street</u>				d. STREET ADDRESS (If rural, give location) <u>504 Fifth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Henry</u> b. (Middle) _____ c. (Last) <u>Floeth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27-1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 9-1863</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTH <u>10</u>	11. DAY <u>18</u>	12. IF DEATH IN HOSPITAL, HOME, OR INFIRMARY (Specify) _____
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Emma Floeth (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Floeth</u> ADDRESS <u>Monett 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES DUE TO (b) <u>Anemia</u> <u>3 months</u> DUE TO (c) <u>Prostate hypertrophy</u> <u>2 yrs</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 <u>5-2-50</u> , 19 <u>50</u> , to <u>5-27-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/23/53</u> , 19 <u>53</u> , and that death occurred at <u>7P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R. Kern MD</u> (Degree or title)				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>1-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>Oliver A. Warrinick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Warrington</u> ADDRESS <u>Monett Mo.</u>			

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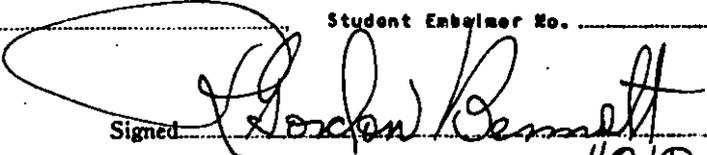
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed 

Student
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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.