

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4653

State File No.

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD MO</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>WALTER</u>	
c. (Last) <u>FLORANCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 15 1887</u>
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	11. UNDER 24 HRS. Hours <u>28</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OIL DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MARSHFIELD MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>THOMAS FLORANCE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JOHNSTON</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGIA FLORANCE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>INE3 FLORANCE MARSHFIELD</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>INE3 FLORANCE MARSHFIELD</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Coronary Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u> <u>Year or two</u> <u>Diagnosed first in Sept. 1952</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) (m.)		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>Sept 1952</u> , to <u>Jan 12 1953</u> , that I last saw the deceased alive on <u>Jan 10 1953</u> , and that death occurred at <u>8:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. Macdonough, M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>	
23c. DATE SIGNED <u>1-12-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-14-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>	
DATE REC'D BY LOCAL REG. <u>1-21-53</u>		REGISTRAR'S SIGNATURE <u>J. S. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER BARTO</u>		ADDRESS <u>MARSHFIELD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1953

120
1

STATEMENT BY LICENSED EMBALMER

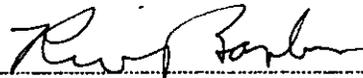
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., 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.