

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35714

State File No. _____

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> <u>0440</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Mound Street</u>		d. STREET ADDRESS (If rural, give location) <u>307 Mound Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Etta</u> c. (Last) <u>Radley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 1, 1891</u>		9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>62</u> Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles A. Champlin</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Ross</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Radley</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. Ernest Radley, Mound City, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension and cerebral arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death	
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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) <u>331X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Oct 14 1953 to Oct 30, 1953, that I last saw the deceased alive on Oct 29, 1953 and that death occurred at 6:09 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. E. Hogan "M.D."</u>		23b. ADDRESS <u>Mound City, Mo.</u>		23c. DATE SIGNED <u>10-31-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/1/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-31-53</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Crawford Mound City, Mo.</u>	
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(License Embalmer's Statement on Reverse Side)

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

300
48
40
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FEB 1 1955

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

James H Crawford

Licensed Embalmer No. *4796*

P. O. Address *Mounds City, 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.