

No. 300
10-48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12622

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 99

592
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HALE	
c. LENGTH OF STAY (In this place) ABOUT 9 HRS.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) FLORENCE	a. (First) C.	b. (Middle) STERLING	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) APRIL 11 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 30 - 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 11	Hours	Min.
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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 (City and State or Foreign Country) AVALON MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY J. KIDWELL	13b. MOTHER'S MAIDEN NAME MARY E. M^c CORMICK	14. NAME OF HUSBAND OR WIFE JOHN F. STERLING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Foltz	ADDRESS HALE-Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock due to fatal burn (90%) 8 hours		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HER HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HALE CARROLL Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APR. 11 1954 9A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CLOTHING IGNITED FROM KITCHEN STOVE
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22. I hereby certify that I attended the deceased from **4-11-54**, to **4-11-1954**, that I last saw the deceased alive on **4-11-1954**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) J. M. Dowell, M.D.	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 4-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 13 - 1954	24c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY	24d. LOCATION (City, town, or county) (State) WEST OF WHEELING Mo
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DATE REC'D BY LOCAL REG. 4-17-54	REGISTRAR'S SIGNATURE Francis B Neill	25. FUNERAL DIRECTOR'S SIGNATURE Slater Funeral Home	ADDRESS Hale Mo.
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Florence @ Slater - owner

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, ~~on~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.