

FILED SEP 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28267**

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 261	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) Monroe City		d. STREET ADDRESS (If rural, give location) 508 Winter St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital				3. NAME OF DECEASED a. (First) MOTIE b. (Middle) NEVIS FRANCES c. (Last) FLORENCE			
4. DATE OF DEATH AUG 28 1954		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH April 5, 1897		9. AGE (In years last birthday) 57		10. MONTHS 4		11. DAYS 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SHELBY COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WALKER FLORENCE		13b. MOTHER'S MAIDEN NAME CARRIE WASHINGTON		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Byrd Des Moines Iowa			
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) Carcinoma of the Cervix 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. None				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION None		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) 171 X			
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?			
22. I hereby certify that I attended the deceased from Aug 15, 1954 , to Aug 28, 1954 , that I last saw the deceased alive on Aug 27, 1954 , and that death occurred at 10:45 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles R. Johnson MD				23b. ADDRESS Monroe City, Mo.		23c. DATE SIGNED Aug 30, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 30, 54		24c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY MO	
DATE REC'D BY LOCAL REG. 8/30/54		REGISTRAR'S SIGNATURE St Elizabeth McFadden		25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son's		ADDRESS Monroe City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 7 1954
MARION CO. HEALTH DEPT.
DATE FILED SEP 7 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.