No. 300
10.48

FILED OCT 18 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33034

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 35

**1. PLACE OF DEATH**
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
d. STREET ADDRESS (If rural, give location): 0460

**3. NAME OF DECEASED** (Type or Print)
a. (First): FLORENCE
b. (Middle): LATICIA
c. (Last): HAFNER

**4. DATE OF DEATH** (Month) (Day) (Year): 10-2-55

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: 6-24-1880
**9. AGE** (In years last birthday): 75
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**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** (State or foreign country): MELBOURNE, ARK.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: ROBT. BRANTLEY
**13b. MOTHER'S MAIDEN NAME**: — — — — — —
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Dola Green
ADDRESS: Willow Springs

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: DAYS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) 420.1

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 1/27, 1955, *to* 10/2, 1955, *that I last saw the deceased alive on* 10/1, 1955, *and that death occurred at* 6:4 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: W. E. Perkins M.D. (Degree or title)
**23b. ADDRESS**: 105-7 West Second, Willow Springs, Missouri
**23c. DATE SIGNED**: 10/4/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 10-5-55
**24c. NAME OF CEMETERY OR CREMATORY**: MT. ARRAT
**24d. LOCATION** (City, town, or county) (State): DOUGLAS CO., MO.

DATE REC'D BY LOCAL REG.: 10/10/55
REGISTRAR'S SIGNATURE: Marshalee Ballard 387-6
**25. FUNERAL DIRECTOR'S SIGNATURE**: Elliott-Gentry
ADDRESS: Cabool, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

I hereby certify that the body whose name

by me, or by .....

working under my personal supervision.

## 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 L. Gentry

Licensed Embalmer No. 14718

P. O. Address Cabool, 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.**