

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31657

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kaolin Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Kaolin Township</b> 0478 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 miles Southwest of Graniteville</b> Length of stay in life <b>life</b>		d. STREET ADDRESS <b>7 mi. SW of Graniteville</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>FLORENCE</b> Middle Last <b>WOMBLE</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>1</b> Year <b>1957</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28, 1886</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Iron County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John McEntyre</b>			14. MOTHER'S MAIDEN NAME <b>Alice Fitzgerald</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mr. Preston Womble, Middlebrook, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b> <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>acute bronchial pneumonia</b> <i>acute bronchial pneumonia</i>	<b>Don't know</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>260X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Sept 9, 1957 to Oct 1, 1957</b> last saw her/him alive on <b>Sept 1, 1957</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>L. N. Davison, M.D.</b>	22b. ADDRESS <b>Diemenok, Mo.</b>	22c. DATE SIGNED <b>Oct 3, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Oct. 4, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fitzgerald Cemetery</b>
23d. LOCATION (City, town, or county) (State) <b>Munger, Missouri</b>		

24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 7 - 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Elizabeth Logan</b>
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**Ansel White** (Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

\*USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

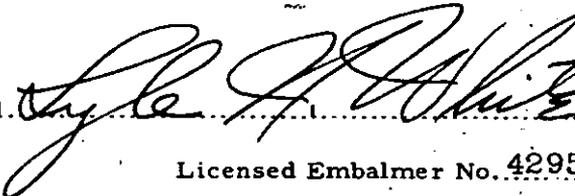
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4295

P. O. Address Ironton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
- If this body is not embalmed, fact should be so stated above.