

Health,
& Welfare
Public
Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

41593
STATE FILE NUMBER
Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 2408

1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Doniphan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Community Hospital		Length of stay in 1b 5 hours	d. STREET ADDRESS 801 Locust		(If outside, give location) 9 1/2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Effie Daisy Flood			4. DATE OF DEATH Oct. 19, 1957 Month Day Year		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 20, 1873	9. AGE (In years last birthday) 84	FUNDER 1 YEAR Months Days Hours Min. 6 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William J. Bass		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Henry Flood	
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. none	17. INFORMANT Address Herbert Flood Doniphan, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure from shock.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of hip.		DUE TO (c) Sensibility.		3 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E 9040/21				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fell & fractured hip.			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Doniphan Ripley MO		09 COUNTY STATE	
21. I attended the deceased from Death occurred at 10:35 1955 to Oct 19 1957 and last saw her alive on Oct 19 1957 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank Johnson M.D. (Degree or title)			22b. ADDRESS Doniphan MO		22c. DATE SIGNED 10/19/57 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		23d. LOCATION (City, town, or county) Doniphan, Missouri (State)	
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-13-57	26. REGISTRAR'S SIGNATURE E.R. Johnson		

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
Signature of Student Embalmer

Signed *Gene H. Parent*

Licensed Embalmer No. *4809*

P. O. Address *Douglas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.