. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1957

43660
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp #1 — Length of stay in Ib: 16 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mason
c. CITY OR TOWN: La Plata — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 425 N. Brown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Florence Middle: Lindley Last:
4. DATE OF DEATH: Month: Dec Day: 8 Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: March 7 1886
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Salisaw Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Un known
14. MOTHER'S MAIDEN NAME: Un known
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.: D.K.
17. INFORMANT: Daughter - Jane Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma Esophagus — 3 mo.
DUE TO (c) Generalized arteriosclerosis — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
150X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-22-57 to 12-8-57 and last saw her/him alive on 12-8-57
Death occurred at 2:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Harold Dixon (Degree or title) MD
22b. ADDRESS: Fulton Mo
22c. DATE SIGNED: 12-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/8/57
23c. NAME OF CEMETERY OR CREMATORY: D.K.
23d. LOCATION (City, town, or county): South Gifford (State): Mo

24. FUNERAL DIRECTOR: Maupin Funeral Home ADDRESS: Fulton Mo
25. DATE RECD. BY LOCAL REG.: Dec. 14-1957
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

425

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. V. Rosson

Licensed Embalmer No. 255

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.