

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035604
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 2018 Registrar's No. 85

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salem</u>		Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Salem</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>521 West First St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>521 West First St.</u>

3. NAME OF DECEASED (Type or print) First <u>HARLAND</u> Middle <u>EARL</u> Last <u>FLORA</u>			4. DATE OF DEATH Month <u>September</u> Day <u>29</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/4/20</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Instructor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (City and state or country) <u>Watertown, N.Y.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Unknown Flora</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Lester</u>	
14. NAME OF HUSBAND OR WIFE <u>Cleon Sankey Flora</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>886</u>	
17. INFORMANT <u>Cleon Flora</u>		Address <u>Salem, Missouri</u>			

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion, acute. 41X942.7 INTERVAL BETWEEN ONSET AND DEATH minutes.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (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)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____ Month, Day, Year _____		

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 <u>Salem, Missouri</u>
21. I attended the deceased from <u>Aug. 1957</u> to <u>Sep. 29, 1963</u> and last saw him alive on <u>29 Sept. 1963</u> Death occurred at <u>4 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Martin Martin</u>	22b. ADDRESS <u>Salem, Missouri</u>	22c. DATE SIGNED <u>9-30-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/1/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>
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24. FUNERAL DIRECTOR <u>Max E. Wagner</u>	ADDRESS <u>Salem, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-30-63</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by C.M.</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
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 20331
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 DATE AMENDED
 DOCUMENT
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 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1963

OCT 7 1963

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

Max L. Wanfel

Licensed Embalmer No. 4170

P. O. Address Daleton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.