

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19065

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 320

34

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

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>	
c. LENGTH OF STAY (In this place) <u>70</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) _____ c. (Last) <u>Isham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-6-79</u>
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months _____ Days _____	if UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sweden, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William H. Strong</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary C. Coulston</u>		14. NAME OF HUSBAND OR WIFE <u>Ora Isham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Isham</u> ADDRESS <u>Buffalo, Iowa</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastasis in Abdominal Cavity</u> DUE TO (c) <u>Carcinoma of uterine</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		<u>2 yrs</u>	
<u>2 yrs T?</u>		<u>175X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Ava</u> (COUNTY) <u>Douglas</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-6-</u> , 19 <u>47</u> , to <u>5-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>49</u> and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Henry</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ava, Mo.</u>	23c. DATE SIGNED <u>6-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ava</u>	24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>
DATE REC'D BY LOCAL REG. <u>June 11-49</u>	REGISTRAR'S SIGNATURE <u>Uestal Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Linkingbeard Funeral Home, Ava, Mo.</u> ADDRESS _____	

RECEIVED

District Health Officer No. 6,

District File Number 649-688

Date Filed 6-15-49

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.