

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1949

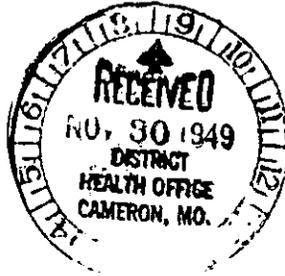
State File No. 36677

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 78

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLINTON</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON MO.</u>   |   | c. LENGTH OF STAY (in this place) <u>3 yr</u>                                     | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON Missouri</u>  |  | d. STREET ADDRESS (If rural, give location) <u>422 west 6th</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 west 6th</u>   |   |   | d. STREET ADDRESS (If rural, give location) <u>422 west 6th</u>   |  |   |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>  |   | b. (Middle) _____   |   | c. (Last) <u>FLANDERS</u>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 49</u>   | 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W.</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   | 8. DATE OF BIRTH <u>MARCH-27-1879</u>  | 9. AGE (In years last birthday) <u>70</u>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>                         |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |
| 13a. FATHER'S NAME <u>BEN DENNY</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>MARY ANN MILLS</u>                                   |   | 14. NAME OF HUSBAND OR WIFE <u>Chas Flanders</u>                                 |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   | 16. SOCIAL SECURITY NO. <u>no</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Earl Flanders</u> ADDRESS <u>no</u> |   |  |   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH                                |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>   | ANTECEDENT CAUSES   |   |   |  |   |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> |   |   |  |   |
|   | DUE TO (c) _____  |   |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS  | Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>                        |   |   |  | 4222  |
| 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) (COUNTY) (STATE)                                   |   |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |   |   |   |  |   |
| 23a. SIGNATURE <u>Lawrence Earl Flanders</u> (Degree or title)  |   |   | 23b. ADDRESS <u>Cameron, mo</u>   |  | 23c. DATE SIGNED <u>11-21-49</u>                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>11-23-49</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Woods cemetery</u>                          | 24d. LOCATION (City, town, or county) (State) <u>Fairport Mo.</u>   |  |   |
| DATE REC'D BY LOCAL REG. <u>11-26-49</u>  | REGISTRAR'S SIGNATURE <u>Winifred W. Moore</u>  | 390   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmund Funeral Home</u>   |  | ADDRESS <u>Cameron Mo.</u>                                      |



**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 \_\_\_\_\_

Robert F. Poland Student Embalmer No. 328  
working under my personal supervision.

Signed Robert F. Poland  
Student Embalmer

Signed George S. [unclear]  
Licensed Embalmer No. 4425  
P. O. Address 228 West 4th

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.

Cameron, Miss