

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43842

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 317 Registrar's No. 1273

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) 710 S. Hall St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print) FLORENCE	a. (First)	b. (Middle) BELLE	c. (Last) MAHAFFEY	4. DATE OF DEATH December 29, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 3, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 26	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Allen	13b. MOTHER'S MAIDEN NAME Nancy Dole	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME John Wardlow	ADDRESS Webb City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. SUICIDE OR 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 Nov. 5, 1949, to Dec 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 1/2/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-31-49	24c. NAME OF CEMETERY OR CREMATORY Pine Cemetery	24d. LOCATION (City, town, or county) (State) Jasper Missouri
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DATE REC'D BY LOCAL REG. Dec 31-49	REGISTRAR'S SIGNATURE [Signature]	137	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 30 1950

RECEIVED 1-16-50
Jasper County Health Office

County File Number 49-12-1029

Date Filed 1-24-50

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

Richard Gray Lewis

Licensed Embalmer No.

4400

P. O. Address

Webb City 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.