

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3520

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Higginsville 0541	
c. LENGTH OF STAY (If in place) 2 Mo.		d. STREET ADDRESS (If rural, give location) Fair Ground Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 256 West Summitt			

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Virginia c. (Last) Corley			4. DATE OF DEATH (Month) (Day) (Year) 1 19 50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12 1877		9. AGE (In years last birthday) 72 Months 4 Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jessie Davis	13b. MOTHER'S MAIDEN NAME Isabel Lillard	14. NAME OF HUSBAND OR WIFE Lee Corley (deceased)
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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. None	17. INFORMANT'S SIGNATURE OR NAME Orville Corley ADDRESS Higginsville
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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 331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 8 1949** to **Jan 19 1950**; that I last saw the deceased alive on **Jan 19 1950**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Keel M.D. (Degree or title)	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 1-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-50	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.
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DATE REC'D BY LOCAL REG. Jan 24-1950	REGISTRAR'S SIGNATURE Sidney F. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Forrest J. Hoyle ADDRESS Higginsville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 30
District Health Officer No. 8

District File Number _____

Cets Filed 2-1-50

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 _____

Forrest R. Hooper Student Embalmer No. 354
working under my personal supervision.

Signed Forrest R. Hooper
Student Embalmer

Signed Forrest A. Hooper

Licensed Embalmer No. 4368

P. O. Address Higginsville, 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.