

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8434**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5511		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Field Creek) Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sun Set Home				d. STREET ADDRESS (If rural, give location) 1 1/2 mi N.W. of Clinton Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) Emmit		c. (Last) Fluty	
4. DATE OF DEATH (Month) (Day) (Year) 3-26-1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 5-18-1867		9. AGE (In years last birthday) 82		10. AGE (In years last birthday) 82		11. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Fluty		13b. MOTHER'S MAIDEN NAME Louisa Swanner		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Miss Ida Pinard Windsor Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 year 153X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Feb 19 1950 , to March 26 1950 , that I last saw the deceased alive on March 25 1950 , and that death occurred at 3:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE S.B. Higgins		23b. ADDRESS C. Clinton, Mo.		23c. DATE SIGNED 3/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-1950		24c. NAME OF CEMETERY OR CREMATORY Knot Nasty Cemetery		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. Mar-27-50		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Hickman & Punning		ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 3-50-518
Date Filed 4-3-58

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.