FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Delzell 23304

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 655

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1112 E. Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
d. STREET ADDRESS (If rural, give location) 1112 E. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First) Flossa
b. (Middle) E.
c. (Last) Kelley

4. DATE OF DEATH (Month) (Day) (Year) July 22, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 8, 1874
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Henderson, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marshall Graves
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE X

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. No
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Murray ADDRESS Spfld, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) primary growth in liver

DUE TO (c) (Supp. report)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* July 22, 1950, *that I last saw the deceased alive on* July 21, 1950 *and that death occurred at* 3:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE W. E. Delzell M.D. (Degree or title)
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 7-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/24/50
24c. NAME OF CEMETERY OR CREMATORY Dodson Cem.
24d. LOCATION (City, town, or county) (State) Near Springfield, Mo.

DATE REC'D BY LOCAL REG. 7-24-50
REGISTRAR'S SIGNATURE W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter E Hamella

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.