

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.: 26442

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY OR TOWN <b>Gallatin</b>		c. CITY OR TOWN <b>Gallatin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS ---	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Flora</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>Mettle</b>	(Month) <b>August</b>	(Day) <b>3</b>	(Year) <b>1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 7 1879</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Hours <b>16</b>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Delevan Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William Tolar</b>		13b. MOTHER'S MAIDEN NAME <b>Hester (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Oliver O. Mettle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oliver O. Mettle, Gallatin, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>less than 30 minutes</b>  <b>unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardio vascular Disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>42.00!</b>

19a. DATE OF OPERATION <b>23 Aug 1950</b>		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) (Min.)		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 **on August 3, 1950** at \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **August 3, 1950**, and that death occurred at **10:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward L. Englehart</b> (Degree) <b>MD</b>		23b. ADDRESS <b>Gallatin, Missouri</b>		23c. DATE SIGNED <b>August 15, 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-6-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Gallatin, Mo.</b>		24e. LOCATION (City, town, or county) <b>Gallatin, Mo.</b>			

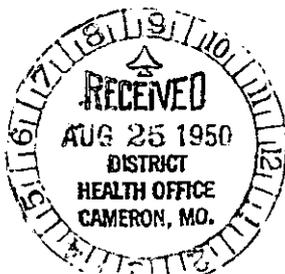
DATE REC'D BY LOCAL REG. <b>23 Aug 1950</b>		REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. O. Schussler</b>		ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0310

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No. 1 file



SEP 14 1950

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *L. O. Dickerson* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3307* .....

P. O. Address *Fallater, 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.