

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33995

State File No.

1540

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR Waverly Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR St Louis 2199	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) 4315 Lindell 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic			
3. NAME OF DECEASED (Type or Print) a. (First) Flossie b. (Middle) Nadine c. (Last) Adams		4. DATE OF DEATH (Month) 10- (Day) 26- (Year) 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 26 1884
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady	11. BIRTHPLACE (State or foreign country) Waverly Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY Ladies Ready to wear	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Christopher T. Walton		13b. MOTHER'S MAIDEN NAME Frances Jane Richardson	
14. NAME OF HUSBAND OR WIFE Deceased.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. 499-05-5329	
17. INFORMANT'S SIGNATURE OR NAME Mrs Richard Bricken		ADDRESS Waverly 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) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 153X			
19a. DATE OF OPERATION Sept 50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon - Carcinomatosis	
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) (Min.) 5:30 PM 1950		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 Sept 28, 1950 to Sept 26, 1950 that I last saw the deceased alive on Sept 26, 1950 and that death occurred at 7:30 PM, from the causes and on the date stated above.			
23a. SIGNATURE Louise Kelling M.D.		23b. ADDRESS Waverly Mo	
23c. DATE SIGNED 10-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-28-50	
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) otterville, Mo.	
DATE REC'D BY LOCAL REG. Oct 28-1950		REGISTRAR'S SIGNATURE Clayton W. Landrum 154	
25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home		ADDRESS Galliton	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

11/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/8/50

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 4469

P. O. Address Carrollton, Tex.

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.