

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41798

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5923 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Pohaski</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Ohio</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Waynesville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>LIMA</i> <i>R390</i>	
c. LENGTH OF STAY (In this place) <i>7 mos.</i>		d. STREET ADDRESS (If rural, give location) <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Long's Nursing Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>FLORA</i> b. (Middle) _____ c. (Last) <i>LAND</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 15, 1950</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, WIDOWED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 19, 1865</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>26</i>	IF UNDER 24 HRS. Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>

13a. FATHER'S NAME <i>William English</i>		13b. MOTHER'S MAIDEN NAME <i>May Redden</i>		14. NAME OF HUSBAND OR WIFE <i>W.P. Land</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>A.P. Land Waynesville, Missouri</i>	

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) <i>Accidental Burning</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			160
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			60

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Building</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Waynesville Pohaski Missouri</i>	
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 from *Dec 15*, 19*50*, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1:30P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Billy Junior Hedger Corona</i>		23b. ADDRESS <i>Crocker, Missouri</i>		23c. DATE SIGNED <i>12/18/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/7/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Newberg</i>	
24d. LOCATION (City, town, or county) (State) <i>Newberg Missouri</i>		DATE REC'D BY LOCAL REG. <i>1-11-51</i>		REGISTRAR'S SIGNATURE <i>Thelma C. Buck</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Hedger</i>		ADDRESS <i>Beria, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-11-51  
Pulaski County Health Officer  
File Number  
Date Filed 1-11-51

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Walter P. Hedger*

Licensed Embalmer No. *4565*

P. O. Address *Paris, 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.