S. No. 300
v. 10.48

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

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9422

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 15

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby 0730
d. STREET ADDRESS (If rural, give location): 9

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): ADELIA
c. (Last): FULLER

4. DATE OF DEATH (Month) (Day) (Year): 3-30-1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 13, 1863
9. AGE (In years last birthday): 87 — If under 1 year: Months 7, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Corenda Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Mr. Moore
13b. MOTHER'S MAIDEN NAME: U.K.
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Cecil Fuller — Granby 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): Cardio-renal hypertensive disease — INTERVAL BETWEEN ONSET AND DEATH: over 2 years

ANTECEDENT CAUSES

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

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 442 X

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* July 19, 1949, *to* March 30, 1951, *that I last saw the deceased alive on* March 30, 1951, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles D. Chesty, D.O.
23b. ADDRESS: Granby, Mo
23c. DATE SIGNED: 4-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-3-1951
24c. NAME OF CEMETERY OR CREMATORY: Granby cem
24d. LOCATION (City, town, or county) (State): Granby Mo

DATE REC'D BY LOCAL REG.: Apr. 4, 1951
REGISTRAR'S SIGNATURE: M. L. Young 225 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Culver-Shrumake-Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No.

District File Number 451-80

Date Filed

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 G. E. Culver

Signed

Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.