

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23993**

FILED AUG 13 1951

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Newburg, Mo. 1810	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Alice Gertrude b. (Middle) Flint c. (Last) Flint		4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1875
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
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) Salem, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Julius Hesberg	
13b. MOTHER'S MAIDEN NAME Phoebe Ann Andrews		14. NAME OF HUSBAND OR WIFE William Flint	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Flint, Newburg 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, asthma, etc. It means the disease, injury, or complication which caused death.		18. ADDRESS Newburg Mo.	

18. CAUSE OF DEATH (continued)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus mesenteric artery and gall bladder infection with stones.		INTERVAL BETWEEN ONSET AND DEATH 15 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		584X	

19a. DATE OF OPERATION Aug. 3, 1951	19b. MAJOR FINDINGS OF OPERATION Mesenteric A. Embolus and Gallstones	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) -----	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 **July 25, 1951**, to **Aug. 3, 1951**, that I last saw the deceased alive on **Aug. 3, 1951**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Newburg, Mo.	23c. DATE SIGNED Aug. 4
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 5-1951	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla Mo.
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DATE REC'D BY LOCAL REG. Aug 4, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson	ADDRESS Newburg Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

5872
0

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, ~~as~~ by.....

~~working under my personal supervision.~~

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *H. E. Johnson*

Licensed Embalmer No. *3392*

P. O. Address *Newburg, 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.