

FILED NOV 1 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 33131

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin Co.</u>				2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Subdivan, Mo. TWP</u>		c. LENGTH OF STAY (In this place) <u>63 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbon, Mo.</u>		S. & S. No. <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NorthSide Hospital - <del>Burlington</del></u>				d. STREET ADDRESS (If rural, give location) <u>Bourbon, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>		b. (Middle) <u>Nightingale</u>		c. (Last) <u>Thatcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May, 15 1858</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>		IF UNDER 1 MIN. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Ellis</u>			13b. MOTHER'S MAIDEN NAME <u>Margret Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>William Thatcher</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley Thatcher Sullivan, Mo.</u>			
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) <u>cardiac decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>  <u>30 days</u>  <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				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 from <u>Sept 20, 1951</u> , to <u>Oct 20, 1951</u> , that I last saw the deceased alive on <u>Oct 19, 1951</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald H. Scott</u>				23b. ADDRESS <u>50. Sullivan Mo.</u>		23c. DATE SIGNED <u>10-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-51</u>		REGISTRAR'S SIGNATURE <u>Ch. Prater</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Wm. F. Hoffer</u>		ADDRESS <u>Sullivan Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

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 \_\_\_\_\_

Student Embalmer No. 437

working under my personal supervision.

Student Warren C. Kraft  
Student Embalmer

Signed \_\_\_\_\_

W. P. Stoffer

Licensed Embalmer No. 2692

P. O. Address Sullivan, 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.