

No. 30
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42304

State File No.

FILED JAN 9 1952

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 99

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY OR TOWN Princeton		c. CITY OR TOWN Princeton, Mo.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital			

3. NAME OF DECEASED (Type or Print) Flora Belle Duble	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 - 26-51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR	IF UNDER 1 HR.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mercer Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Smith	13b. MOTHER'S MAIDEN NAME Selder	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Herrington	ADDRESS Princeton
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cancer of the left breast		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 9, 1947 to 12-26-51, 19 , that I last saw the deceased alive on 12-26-51, 19 , and that death occurred at 10:42P, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Byron Q. Axtell D.O.	23b. ADDRESS Princeton, Missouri	23c. DATE SIGNED 1-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-51	24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo.
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DATE REC'D BY LOCAL REG. 1-5-52	REGISTRAR'S SIGNATURE Nell Mann 393	25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home	ADDRESS Princeton, Mo
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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 _____

John Martin

Signed.....

Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Quincy, 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.