

JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2390

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 3

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Randolph	b. CITY (If outside corporate limits, write RURAL and give town) Salt Spring Twp.	a. STATE Missouri	b. COUNTY Randolph
c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Salt Spring Township 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southwest of Huntsville		d. STREET ADDRESS (If rural, give location) Southwest of Huntsville	

3. NAME OF DECEASED (Type or Print)	a. (First) Florence (Flossie) May	b. (Middle) Howard	c. (Last) Howard	4. DATE OF DEATH (Month) (Day) (Year) January 5, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 2, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Albert Prather	13b. MOTHER'S MAIDEN NAME Ellie Prather	14. NAME OF HUSBAND OR WIFE Clate Howard
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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 Mr. Clate Howard; R#2; Clifton Hill	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerosis 20 yrs. 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 331X	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) (Minute)	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 1-2-52, 19__, to 1-5-52, 19__, that I last saw the deceased alive on 1-5-52, 19__, and that death occurred at 5:45pm., from the causes and on the date stated above.

23a. SIGNATURE D. Noel Rains	(Degree or title) D.O.	23b. ADDRESS Clifton Hill, Missouri	23c. DATE SIGNED 1-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-1952	24c. NAME OF CEMETERY OR CREMATORY Rice Cemetery	24d. LOCATION (City, town, or county) (State) near Lagondia, Missouri
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DATE REC'D BY LOCAL REG. 1-11-52	REGISTRAR'S SIGNATURE Mrs. D. A. Bernhart	270 5 0	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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APR 22 1952

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.