No. 300
10.46

FILED MAR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6066

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker
c. LENGTH OF STAY (In this place): 6 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: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Leona
c. (Last): Stallard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 26, 1888
9. AGE (In years last birthday): 63 — If under 1 year: Months 11, Days 28 — 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): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unkown
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE: Rawley Edwin Stallard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Rawley Stallard — ADDRESS: Crocker, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO~~ (b) of Cervix — 2 years
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: 2
19b. MAJOR FINDINGS OF OPERATION: 171X
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* June, 1950, *to* Feb 24, 1952, *that I last saw the deceased alive on* Feb 24, 1952, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Mihalevich, D.O.
23b. ADDRESS: Crocker, Mo.
23c. DATE SIGNED: 2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Crocker Cemetery
24d. LOCATION (City, town, or county) (State): Crocker Mo.

DATE REC'D BY LOCAL REG.: 3-3-52
REGISTRAR'S SIGNATURE: Paula Mae Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home
ADDRESS: Crocker Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-3-52
Wash County Health Officer
File Number
Date Filed 3-10-52

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 Walter P Hedges

Licensed Embalmer No. 4265

P. O. Address Fleria, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.