

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9435

State File No. ....

FILED MAR 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4422 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDGERTON</u> <u>Princeton</u> <u>22 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDGERTON</u> <u>183</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) <u>JANE</u>	
c. (Last) <u>DOLAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/17/1952</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>8/27/1953</u>
9. AGE (In years, last birthday) <u>98</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>PONCEVERT, WEST VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>HENRY FLESHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOKE</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Dolan, Platte City, Mo.</u> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of Old age.</u> 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) _____ 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 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) <u>794X</u>	
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 <u>1-10-1952</u> , to <u>3-1-</u> , 1952, that I last saw the deceased alive on <u>3-1-</u> , 1952, and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John A. Robinson, M.D.</u>		23b. ADDRESS <u>Edgerton, Mo.</u>	23c. DATE SIGNED <u>3-19-52.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/19/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-19-52</u>	REGISTRAR'S SIGNATURE <u>Rhodia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rollins - Nash, EDGERTON, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*personally* \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Vivian R. Nash* \_\_\_\_\_

Licensed Embalmer No. *3947* \_\_\_\_\_

P. O. Address *Edgerton, 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.