

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23485
Registrar's No. 35

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|--|--|--|---|--|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>273</u> | | PRIMARY REG. DIST. NO. <u>45745</u> | | Registrar's No. <u>35</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u> | | | c. LENGTH OF STAY (in this place) <u>32 yrs</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD MO</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>1120 A</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> | | | b. (Middle) _____ | | c. (Last) <u>MELTON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1952</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>SEPT 13 1890</u> | | 9. AGE (In years last birthday) <u>61</u> If under 1 year: Months <u>8</u> Days <u>28</u> If under 12 mos. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) <u>SPARTA MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>JOHN W. CARTER</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ROWENA ABSUP</u> | | | 14. NAME OF HUSBAND OR WIFE <u>L.T. MELTON</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.T. MELTON MARSHFIELD 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>Lympho Sarcoma</u> 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. _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 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>March</u> , 19 <u>52</u> , to <u>June 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 10</u> , 1952, and that death occurred at <u>9:15 P.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C.R. Macdonnell, M.D.</u> | | | | 23b. ADDRESS <u>Marshfield, Mo.</u> | | | 23c. DATE SIGNED <u>6-11-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>6-13-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u> | | 24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-16-52</u> | | REGISTRAR'S SIGNATURE <u>J. Francis</u> <u>392</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD</u> | | | | | |

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

1987

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 Rev. Barber

Licensed Embalmer No. 3848

P. O. Address 1214 1/2 Ave

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.