

STANDARD CERTIFICATE OF DEATH

State File No. **1219**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **43**

5422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | |
|---|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Clinton | | c. LENGTH OF STAY (In this place) 40 yrs | c. CITY (If outside corporate limits, write RURAL and give township) Clinton | | OR TOWN 0422 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 814 East Green St | | | d. STREET ADDRESS (If rural, give location) 814 East Green St | | | |
| 3. NAME OF DECEASED (Type or Print) Florence | | a. (First) | b. (Middle) Eda | c. (Last) North | 4. DATE OF DEATH (Month) (Day) (Year) 2-4-1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 6-4-1882 | 9. AGE (In years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William Long | | 13b. MOTHER'S MAIDEN NAME Mary Ryan | | |
| 13c. NAME OF HUSBAND OR WIFE James C. North | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME James C. North | | |
| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH 5 da | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deulitis | | | | 10 yr | |
| | DUE TO (c) | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491 X | | | | | |
| 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) | 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 2-1 , 19 53 , to 2-4 , 19 53 , that I last saw the deceased alive on 2-4 , 19 53 , and that death occurred at 2:52 p.m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE H. Walker | | | (Degree or title) M.D. | 23b. ADDRESS Clinton Mo | 23c. DATE SIGNED 2-8-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 2-7-1953 | 24c. NAME OF CEMETERY OR CREMATORY White Oak cemetery | | 24d. LOCATION (City, town, or county) (State) Henry Co. Mo | | |
| DATE REC'D BY LOCAL REG. Feb-7-53 | REGISTRAR'S SIGNATURE Florence Adair | | REG. NO. 922 | 25. FUNERAL DIRECTOR'S SIGNATURE Lufman & Dunning | | |
| | | | | ADDRESS Clinton Mo | | |

KS APR 14 1967

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 R. D. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.