

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11066

State File No.

No. 300
10-48

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 62

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Charles County</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Charles</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1028 Olive St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> d. STREET ADDRESS (If rural, give location) <u>1028 Olive St.</u>	
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3. NAME OF DECEASED a. (First) <u>Flossie</u> b. (Middle) _____ c. (Last) <u>Hussey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-53</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown; thought about 54</u>	9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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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 (City and State or Foreign Country) <u>Jonesburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rev R.R. Abbington</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Ricks</u>	14. NAME OF HUSBAND OR WIFE <u>X Fred Hussey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>X Sarah Louise Williams 1028 Olive St. St. Charles</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> 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>2 days</u> <u>3 yrs.</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-25-1950, to 3-6-1953, that I last saw the deceased alive on 3-4-1953, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. ... MA</u>	23b. ADDRESS <u>St. Charles, MO</u>	23c. DATE SIGNED <u>3/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jonesburg Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 7 1953</u>	REGISTRAR'S SIGNATURE <u>Fannie Handman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRINSTER HUGHES FUNERAL HOME INC. St. Charles Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

CSGL 8-7 HYM

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

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.