

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38482**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG.-DIST. NO. 4080 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Norborne)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norborne	
c. LENGTH OF STAY (in this place) 67 Years		d. STREET ADDRESS (If rural, give location) 306 south Pine street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 South Pine Street.			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Flournoy c. (Last) Miles			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 1-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home.	11. BIRTHPLACE (State or foreign country) Ray County Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Flournoy	13b. MOTHER'S MAIDEN NAME Nancy Keel	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME J. H. Benton	ADDRESS Fort Morgan, Colo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		?
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, diffuse		?
	DUE TO (c) Essential Hypertension		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION not applicable	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, school, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Norborne, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
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22. I hereby certify that I attended the deceased from 6-3-, 1953, to 11-14, 1953, that I last saw the deceased alive on 11-14, 1953, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Kusbell M.D.	23b. ADDRESS 212 South Pine Norborne, Mo	23c. DATE SIGNED 11-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	24d. LOCATION (City, town, or county) (State) Norborne, Mo
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DATE REC'D BY LOCAL REG. Nov. 16-1953	REGISTRAR'S SIGNATURE Eileen Pennington	25. FUNERAL DIRECTOR'S SIGNATURE John G. Deitch	ADDRESS Norborne Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170

0170

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Noibone 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.