

# STANDARD CERTIFICATE OF DEATH

State File No. **9169**

No. 30  
10-48

BIRTH NO. **FILED MAR 16 1954** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **32**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JASPER</b>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBB CITY</b>  c. LENGTH OF STAY (in this place) <b>4 DAYS</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>JANE CHINN HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBB CITY</b> <span style="float: right;">0492 2</span>  d. STREET ADDRESS (If rural, give location) <b>206 SOUTH PENN</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>AMANDA</b> (Type or Print)		b. (Middle) <b>REBECCA</b> c. (Last) <b>FLY</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 13, 1954</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>AUGUST 17, 1867</b>		
<b>9. AGE</b> (In years last birthday) <b>86</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>NO DATA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>AT HOME</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>NO DATA</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>NO DATA</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>CALVIN FLY</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. RAY COLE</b>
<b>ADDRESS</b> <b>WEBB CITY, MISSOURI</b>		

<b>18. CAUSE OF DEATH</b> 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.)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>Medullary Paralysis</b> <b>Thrombotic Encephalomalacia</b> <b>Cerebral Hemorrhage</b> <b>Atherosclerosis</b>  <b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>9 days</b>  <b>15 hrs</b>  <b>unknown</b>
<b>II. UNTELENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Atherosclerosis</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 3-4, 1954, to 3-13, 1954, that I last saw the deceased alive on 3-13, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>23b. ADDRESS</b> <b>202 1/2 W. Broadway</b>	<b>23c. DATE SIGNED</b> <b>3/13/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>MARCH 15, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MT HOPE CEMETERY</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>3-13-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>HEDGE LEWIS FUNERAL HOME</b>
		<b>ADDRESS</b> <b>WEBB CITY, MO.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

YFI

RECEIVED MAR 15 1955  
Jasper County Health Office  
County File Number 34-30  
Date Filed MAR 15 1955

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 Richard Gray Lewis

Licensed Embalmer No. 7405

P. O. Address Webb City 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.