

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11870

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

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>301 N Main St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-1954</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flores</u>		b. (Middle) <u>Isabell</u>		c. (Last) <u>MANN</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>6-23-1885</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montrose Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12a. FATHER'S NAME <u>Joseph DeBoll</u>		13b. MOTHER'S MAIDEN NAME <u>Penelope Hatfield</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur J Mann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Mann</u> ADDRESS <u>Clinton 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				INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic atrophic arthritis</u>				20 years	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>none</u>		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>10:45</u> to <u>April 21, 1954</u> , that I last saw the deceased alive on <u>April 21, 1954</u> , and that death occurred at <u>5:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. B. Vaughan M.D.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>4/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Angelswood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 24 1954</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair</u>		ADDRESS <u>Clinton Mo</u>			

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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 Robert J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton Ms

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.