

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15408

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY OR TOWN Salem	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION XXX		e. STREET ADDRESS (If rural, give location) Jackson St 033/0	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Key c. (Last) Key			4. DATE OF DEATH (Month) (Day) (Year) 5/27/54		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify)	8. DATE OF BIRTH May 24, 1878	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Crawford Co Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME David LaRue		13b. MOTHER'S MAIDEN NAME Emaline LaRue		14. NAME OF HUSBAND OR WIFE S. O Key	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X X		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS W O Key Salem Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 7-7-45, 19__, to 5-27-54, 19__, that I last saw the deceased alive on 5-27-54, 19__, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) 23b. ADDRESS Salem, Mo. 23c. DATE SIGNED 5-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/29/54	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	24d. LOCATION (City, town, or county) (State) Salem Mo
DATE REC'D BY LOCAL REG. 5-29-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. NUMERICAL DIRECTOR'S SIGNATURE AND ADDRESS <i>[Signature]</i>	

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

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1938
& NOV 7

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.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. *237*

P. O. Address *[Handwritten Address]*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**