

FILED JUL 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. **26022**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **139**

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY OR TOWN **Nevada**
 c. LENGTH OF STAY (In this place)
 c. CITY OR TOWN **Nevada**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Wyatt Nursing Home**
 e. STREET ADDRESS **427 N. Main St. Nevada Mo**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri**
 b. COUNTY **Vernon**
 d. Is Residence within limits of a city or incorporated town? Yes No
 3. NAME OF DECEASED (Type or Print)
 a. (First) **Carrie**
 b. (Middle) **A**
 c. (Last) **Flood**
 4. DATE OF DEATH (Month) (Day) (Year)
July 17 - 1954

5. SEX **Female**
 6. COLOR OR RACE **White**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
 8. DATE OF BIRTH **Aug - 30 - 1869**
 9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR Hours Min.
84 10 17
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) **Perm. 1**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Speer**
 13b. MOTHER'S MAIDEN NAME **Caroline Mull**
 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
 16. SOCIAL SECURITY NO. **None**
 17. INFORMANT'S SIGNATURE OR NAME **Tena B. Speer** ADDRESS **Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 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. **Hypertension.**
 INTERVAL BETWEEN ONSET AND DEATH **July 16/54**

19a. DATE OF OPERATION **None**
 19b. MAJOR FINDINGS OF OPERATION **None**
 20. AUTOPSY? YES NO **331X**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **None**
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Nevada Vernon Mo
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None**
 21e. INJURY OCCURRED WHILE AT WORK? **no**
 21f. HOW DID INJURY OCCUR? **no injury**

22. I hereby certify that I attended the deceased from **Jan 1, 1954** to **July 17, 1954** that I last saw the deceased alive on **July 16, 1954** and that death occurred at **5:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **M. Lovel** (Degree or title)
 23b. ADDRESS **Nevada Mo**
 23c. DATE SIGNED **7-23-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 24b. DATE **July 19 - 1954**
 24c. NAME OF CEMETERY OR CREMATORY **Newton Cemetery**
 24d. LOCATION (City, town, or county) (State)
Nevada Mo

DATE REC'D BY LOCAL REG. **7-24-1954**
 REGISTRAR'S SIGNATURE **Anna E. Ferris**
 45
 25. FUNERAL DIRECTOR'S SIGNATURE **Ferris Funeral Service** ADDRESS **Nevada Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

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: *H. W. Warrick*

Licensed Embalmer No. *2070*

P. O. Address *Nevada, W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.