

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31277

State File No. ....

BIRTH NO. .... REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 41

1. PLACE OF DEATH  
a. COUNTY Mississippi

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Mississippi

b. CITY (If outside corporate limits, write RURAL and give township) Rural St. James Twp. c. LENGTH OF STAY (In this place) 17 yrs

c. CITY OR TOWN Mississippi d. Is Residence within limits of a city or incorporated town? Yes  No  0870

d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile South East-Cuthbert

e. STREET ADDRESS (If rural, give location) 1 Mile S.E. East Prairie

3. NAME OF DECEASED  
a. (First) ROBERT b. (Middle) ELIHUE c. (Last) FLORENCE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1954

5. SEX Male 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 9-21-1899

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Dyer County, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME G. W. Florence

13b. MOTHER'S MAIDEN NAME Ada Lee Elmore

14. NAME OF HUSBAND OR WIFE Minnie Florence

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 ADDRESS Minnie Florence East Prairie

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.

MEDICAL CERTIFICATION  
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) hypertension  
DUE TO (c) arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH  
1 day  
  
10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1954 to Sept 7, 1954, that I last saw the deceased alive on Sept 7, 1954, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. P. Fenton D.D.

23b. ADDRESS Wyatt, Mo

23c. DATE SIGNED 9/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-9-54

24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. Camden, Tenn

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-29-54

REGISTRAR'S SIGNATURE Gertrude S. Harper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warron Shelby East Prairie

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

0670

OCT 1 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed OCT 1 1954

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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.....  
Signature of Student Embalmer

Signed *Frank Shelby* .....

Licensed Embalmer No. *275*

P. O. Address *East Prairie*

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.