

FILED APR 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8790**

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>65</u>			
1. PLACE OF DEATH a. COUNTY <u>Macon 0610</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>81571</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whitchita</u>		8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Kiddeth San</u>				d. STREET ADDRESS (If rural, give location) <u>236 N. Yall</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Feltham</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 1955</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>		8. DATE OF BIRTH <u>Mar 25 1872</u>			
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Butler Co Kansas</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Tipton</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE, OR NAME <u>Warren Gillespie W</u>		ADDRESS <u>Kans</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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				DUE TO (b) <u>Senile Psychosis</u>				15 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>306X</u>				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 <u>July 25, 1943</u> , to <u>Feb 28, 1955</u> , that I last saw the deceased alive on <u>Feb 28, 1955</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Anna L. Mauck DO 2</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>2-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EMWood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Augusta Kansas</u>			
DATE REC'D BY LOCAL REG. <u>3/24/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		185 FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Bram</u>		ADDRESS <u>Macon Mo</u>			

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

RECEIVED

3. 28. 55

MAGON COUNTY HEALTH DEPARTMENT

County File No. 3. 55. 41

Date Filed 3. 28. 55

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 *R. Lester Brown*

Licensed Embalmer No. 4972

P. O. Address *Macon, 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.