

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

AUG 25 1955
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 5789		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anniston, Mo.</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN <u>Anniston, Mo.</u>		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 <u>Gen. Del.</u>				e. STREET ADDRESS (If rural, give location) <u>0670</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>R.</u> c. (Last) <u>STEWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-55</u>				
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-31-1887</u>	
9. AGE (In years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joshua Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Deatha Culp</u>		14. NAME OF HUSBAND OR WIFE <u>Jobe M. Steward</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 - ADDRESS <u>Jobe M. Steward Anniston 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 1/2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Waves Shelby Cooper</u> (Degree or title)				23b. ADDRESS <u>East Prairie Mo.</u>		23c. DATE SIGNED <u>8-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>8-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-55</u>		REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Waves Shelby - East Prairie, Mo</u>			

AUG 24 REC

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed ~~AUG 24~~

AUG 24 1918

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harris Shelby*.....

Licensed Embalmer No. *27*

P. O. Address *East Pearl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.