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

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37620

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u> | c. LENGTH OF STAY (in this place) <u>55 yrs</u> | c. CITY OR TOWN <u>Hopkins</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 | | f. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|------------------------|-------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Adel</u> | b. (Middle) ----- | c. (Last) <u>Florea</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1955</u> |
|-------------------------------------|------------------------|-------------------|-------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 11, 1874</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|---|---|

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| 10a. 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>Decatur County, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Joshua Davis</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Jewett</u> | 14. NAME OF HUSBAND OR WIFE <u>Denver Florea</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Glen Florea, Hopkins, Mo.</u> | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | 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. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 1/1, 1955 to 11/21, 1955 that I last saw the deceased alive on 11/21, 1955 and that death occurred at 3:30 p.m. from the causes and on the date stated above.

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|-------------------------------------|-------------------------------|--------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>E. W. Hurt</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Hopkins</u> | 23c. DATE SIGNED <u>11/22/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-25-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Gaynor</u> | 24d. LOCATION (City, town, or county) (State) <u>Nodaway County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-3-55</u> | REGISTRAR'S SIGNATURE <u>Gess Holt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Johnson</u> | ADDRESS <u>Hopkins, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Stanley Swanson

Licensed Embalmer No. 3963.

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