

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16934

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3896 Registrar's No. 267

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| 1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, MO.</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>118 WEST High</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u> | | | |

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|-------------------------------------|---------------------------|------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FLOSSIE</u> | b. (Middle) <u>MAY</u> | c. (Last) <u>CAHOUN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1956</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>MARRIED</u> | 8. DATE OF BIRTH <u>Jun 21 - 1889</u> | 9. AGE (In years last birthday) <u>64</u> | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (State or foreign country) <u>Lawrence County</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>MARION SWEARGEN</u> | 13b. MOTHER'S MAIDEN NAME <u>ALMA SMITH</u> | 14. NAME OF HUSBAND OR WIFE <u>V.E. CAHOUN</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>V.E. Cahoun</u> | ADDRESS <u>Aurora mo</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | years. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>33ix</u> | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1940 to May 13, 1956, that I last saw the deceased alive on May 13, 1956, and that death occurred at 9:30 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A.P. Kopetzki M.D.</u> | 23b. ADDRESS <u>Aurora, Mo.</u> | 23c. DATE SIGNED <u>5-14-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/16/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CARNEY</u> | 24d. LOCATION (City, town, or county) (State) <u>CAPE FAIR, MO.</u> |
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| DATE REC'D BY, LOCAL REG. <u>5-23-56</u> | REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscear L. Marsh</u> | ADDRESS <u>Aurora mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

57

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
Student Embalmer

Signed.....

Oran L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Amos Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.