

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12457

STATE FILE NUMBER

FILED APR 23 1957

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs</u>		c. CITY OR TOWN <u>El Dorado Spgs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>119 W. Gal. Jones</u>	

3. NAME OF DECEASED (Type or print) <u>FLORENCE B. HENRY</u>			4. DATE OF DEATH <u>4-13-57</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		
8. DATE OF BIRTH <u>Feb 11 1873</u>		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
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 country) <u>Cooper Co Mo</u>		
13. FATHER'S NAME <u>James Wilson</u>			14. MOTHER'S MAIDEN NAME <u>Adaline</u>			
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 <u>B. Lue Berry - El Dorado Spgs.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bulbar paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>1 yr +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral hemorrhage</u>		
DUE TO (c) <u>Hypertension</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>33.1x</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>8 a.m.</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 4-13-57 to 4-13-57 and last saw her alive on 4-13-57  
Death occurred at 8 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. Sunderwirth D.O.</u> (Degree or title)		22b. ADDRESS <u>El Dorado Spgs.</u>		22c. DATE SIGNED <u>4-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-16-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
		23d. LOCATION (City, town, or county) <u>Lincoln</u>		23e. STATE <u>MO</u>	

24. FUNERAL DIRECTOR <u>Mapes El Dorado Spgs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-15-57</u>		26. REGISTRAR'S SIGNATURE <u>George W. Mapes</u>	
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Health, Welfare, Public Service  
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All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Hugh S. Allen*.....

Licensed Embalmer No. *2814*

P. O. Address *E. Pasadena*

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.