

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021680
State File No.

FILED JUN 16 1958

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		e. H/O /	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noit Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1808 Fuller</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence Irene</u>			b. (Middle) <u>Ely</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1958</u>		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>7-8-1899</u>		9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR Months <u>10</u>		11. UNDER 1 HR. Hours <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John G. Fitzgerald's</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Ann Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey Ely Deed</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>491-22-7154</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Garland Ely Knoxville Iowa</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) <u>4201</u>			
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 <u>6-7</u> , 19 <u>58</u> , to <u>6-7</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>58</u> , and that death occurred at <u>11:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Gray Co. M.D.</u>				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>6/9/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-9-58</u>		REGISTRAR'S SIGNATURE <u>Gella Maxey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Gray</u>		ADDRESS <u>Bethany Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

5410

221

AO

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 *J. H. [Signature]*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.