Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022563
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 207 Primary Registration District No. 5758 Registrar's No.

1. PLACE OF DEATH a. COUNTY: Maries	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural North Miller — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: Rurals North Miller — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 0630 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Nellie	Middle: Marie	Last: Florey	4. DATE OF DEATH	Month: 7 Day: 7 Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 7/2/1922	9. AGE (In years last birthday): 36	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Deer Creek, Illinois	12. CITIZEN OF WHAT COUNTRY?: U. S. A.		
13a. FATHER'S NAME: Samuel Reed Justice	13b. MOTHER'S MAIDEN NAME: Ida Sprinkle	14. NAME OF HUSBAND OR WIFE: Charles W. Florey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mr. Charles W. Florey, Dixon, Missouri			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PRIMARY CARCINOMA OF CERVIX — INTERVAL BETWEEN ONSET AND DEATH: 5 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c): 171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ✓

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ✓

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April, 1958, to July 7, 1958 and last saw her alive on July 2, 1958. Death occurred at July 7, 1958 5:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Mihalovich DO.	22b. ADDRESS: Crocker, Mo.	22c. DATE SIGNED: 7-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7/8/1958	23c. NAME OF CEMETERY OR CREMATORY: Swan Lake Cemetery	23d. LOCATION (City, town, or county) (State): Peoria County, Illinois
24. FUNERAL DIRECTOR ADDRESS: Gilbert Funeral Home, Inc., Dixon, Missouri	25. DATE RECD. BY LOCAL REG.: 7-7-1958	26. REGISTRAR'S SIGNATURE: Lucille Weidinger, Dep. Reg.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.