

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040897

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 251

Primary Registration District No. 4381

Registrar's No. 328

S. 300  
1-57

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>Nodaway</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Hopkins</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Hopkins</b><br>0740<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home</b>  |                                  | Length of stay in lb<br><b>7 years</b>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Daisy</b> Middle <b>D.</b> Last <b>Florea</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>19</b> Year <b>1958</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 12, 1884</b>   |
| 9. AGE (In years last birthday)<br><b>74</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Parnell, Mo.</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>William Killion</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Bond</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Samuel Florea</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>491 28 1830</b>   | 17. INFORMANT Address<br><b>Mrs Harold Hilton, Hopkins, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterial hypertension</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>332 X</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6wks</b><br><b>10yrs</b>  |
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                                  |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Oct 3 '58</b> to <b>Nov 19/58</b> and last saw her alive on <b>11/19/58</b><br>Death occurred at <b>8 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |
| 22a. SIGNATURE<br><b>C. W. Kirk, M.D.</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>Hopkins Mo</b>   |  |
|   |                                  | 22c. DATE SIGNED<br><b>11/21/58</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>11-22-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Gaynor</b>  |
|   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Nodaway County, Twp. Mo.</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Stanley Swanson</b>  |                                  | ADDRESS<br><b>Hopkins, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>11 25 58</b>  |
|   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Bess Holt</b>   |  |

MEDICAL CERTIFICATION  
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.

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.