

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046942
STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 347 Primary Registration District No. 6171 Registrar's No. 1

300
1-523

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ponce de Leon Twsp.		c. CITY OR TOWN Galena, Rt. #2¹⁰⁴⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stone Co. Road		d. STREET ADDRESS (If outside, give location) 9 miles NE	
Length of stay in lb 57 years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WADE Middle FLOOD Last			4. DATE OF DEATH Month December Day 19 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm & Road	11. BIRTHPLACE (City and state or country) Stone Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Elijah Flood	13b. MOTHER'S MAIDEN NAME Rachael Martin	14. NAME OF HUSBAND OR WIFE Eula Russell
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499186835	17. INFORMANT Mrs. Eula Flood, Rt. 2, Galena, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Changyule Exposure		INTERVAL BETWEEN ONSET AND DEATH Instnt
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		9/95
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY 4:30 a.m. Dec. 19-58 p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	20f. CITY, TOWN, OR LOCATION Road	COUNTY Stone STATE Mo
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21. I attended the deceased from _____, to _____, and last saw her alive on _____
Death occurred at **4:30** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Mrs. Eula Flood</i> Mrs. Eula Flood	22b. ADDRESS Galena Mo	22c. DATE SIGNED 23 Dec 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/1958	23c. NAME OF CEMETERY OR CREMATORY Flood Cemetery	23d. LOCATION (City, town, or county) (State) Highlandville, Mo.
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24. FUNERAL DIRECTOR J. Sean Harris	ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 31 - 1958	26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussan
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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6

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 *J. Sean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Cleveland, 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.