

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002193
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 9

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Monroe | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON (TWP) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Santa Fe 06 90 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home Length of stay in 1b 1 Day | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Emma Middle Clanton Last Flory | | | 4. DATE OF DEATH Month Feb. Day 5 Year 1959 |
| 5. SEX Female | 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 10-24-1884 |
| 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months --- Days --- Hours --- Min. --- | IF UNDER 24 HRS. Min. --- |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Columbia, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Sam Gallop | |
| 13b. MOTHER'S MAIDEN NAME Tildia Sellers | | 14. NAME OF HUSBAND OR WIFE Harry Flory | |
| 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. None | 17. INFORMANT Address Harry Flory Santa Fe, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic pneumonia DUE TO (b) cerebral apoplexy DUE TO (c) Hypertension - fracture wrist. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X | | | 19. INTERVAL BETWEEN ONSET AND DEATH 334X |
| 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 --- Month, Day, Year --- a.m. --- p.m. --- | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION Paris, Mo. | | 20f. COUNTY STATE | |
| 21. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21. I attended the deceased from Jan 29th , to Feb 5th and last saw her alive on 1 P.M. - 2-5-59 . Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Nellis S. Christman, M.D. | | 22b. ADDRESS Paris, Mo. | 22c. DATE SIGNED 2-6-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-7-1959 | 23c. NAME OF CEMETERY OR CREMATORY Bethel Cem. | 23d. LOCATION (City, town, or county) (State) Holliday, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Thompson-Mackler Madison, Mo. | | 25. DATE RECD. BY LOCAL REG. 2-6-59 | 26. REGISTRAR'S SIGNATURE F. A. Barnett, M.D. |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Joseph R. Mackler

Licensed Embalmer No. 4571
P. O. Address Madison, Wis

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.