

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005546

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

925

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Onaga	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Onaga Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3917 Woodland		Length of stay in lb 3 1/2 months	STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALVIS Last FLORENCE			4. DATE OF DEATH Month 2 Day 18 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-28-1972
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto Agency	11. BIRTHPLACE (City and state or country) Marshfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Florence	
13b. MOTHER'S MAIDEN NAME Charlotte Johnston		14. NAME OF HUSBAND OR WIFE Mattie Florence	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no		16. SOCIAL SECURITY NO. unk	17. INFORMANT Mrs. Charlotte Berry Address KC, 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) Myocarditis Chronic. DUE TO (b) generalized atherosclerotic cardiac renal disease DUE TO (c) Prostatism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diaphragmatic Rupture secondary anemia, Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 6-8 weeks 54 years 3-4 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 5:10 a.m. Month, Day, Year 7/25, 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Onaga, Kansas	
21. I attended the deceased from 7/25, 1958 to 7/18/59 and last saw him alive on 7/14/59 Death occurred at 5:10 am on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE Wendell L. Good (Degree or title)		22b. ADDRESS 1832 Reeds Rd Missouri, Kansas	
22c. DATE SIGNED 7/18/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 2-18-1959		23c. NAME OF CEMETERY OR CREMATORY Onaga Cemetery	
23d. LOCATION (City, town, or county) Onaga, Kansas		(State)	
24. FUNERAL DIRECTOR E. Amos ADDRESS Shawnee, Kansas		25. DATE RECD. BY LOCAL REG. 2-18-59	
26. REGISTRAR'S SIGNATURE Wendell L. Good			

Wendell L. Good

MEDICAL CERTIFICATION

DS NOV 3 0 1960

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 *Eugene P. Amos*
Eugene P. Amos

Licensed Embalmer No.....5023.....

P. O. Address.....Shawnee, Kansas.....

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.