

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41404**
REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 448

FILED JAN 12 1953
BIRTH NO. JAN 12 1953

00013

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Sutton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>21 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Buttledge</u> <u>5970</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. O. H. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flossie Mae</u> b. (Middle) <u>Hustead</u> c. (Last) <u>Hustead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. (MARRIED NEVER MARRIED, WIDOWED, DIVORCED) (Specify)	8. DATE OF BIRTH <u>Dec 4 - 1899</u>		9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois (Indiana)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Souden</u>		13b. MOTHER'S MAIDEN NAME <u>Elma Vail Souden</u>	14. NAME OF HUSBAND OR WIFE <u>Robert J. Hustead</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Hustead Buttledge Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Small Bowel obstruction</u> <u>1 month</u>		
			DUE TO (c) <u>Metastatic Carcinoma of Rectum</u> <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153x</u> <u>Signoid</u>		
19a. DATE OF OPERATION <u>9/8/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma of Rectum</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>12-7 - 1952</u> to <u>12-28</u> , 1952, that I last saw the deceased alive on <u>12-28</u> , 1952, and that death occurred at <u>11:10 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Roogler</u> (Degree or title) <u>Dr.</u>			23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>12-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buttledge Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-5-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>South St. and 1st</u>		

MAR 25 1957

SEP 18 1957

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4257

P. O. Address Memphis

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 this body is not embalmed, fact should be so stated above.