

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43436

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

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY: <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Stoddard</u>			
b. CITY: (If outside corporate limits, write RURAL and give township) <u>rural Pike</u>		c. LENGTH OF STAY (in this place) <u>Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Pike 103</u>		d. STREET ADDRESS (If rural, give location) <u>Purinton, Mo. - R-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hainston, Mo. R-1</u>				d. STREET ADDRESS (If rural, give location) <u>Purinton, Mo. - R-1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eveline</u>			b. (Middle) _____			c. (Last) <u>FLOWERS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1949</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 2, 1860</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>10</u> Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTH PLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel O. Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Flowers, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Isaac Flowers, Purinton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES DUE TO (b) <u>infirmities of old age</u> DUE TO (c) <u>age</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH           <u>422?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>none</u> (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) (Min.)		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>Nov 2, 1949</u> to <u>Nov 9, 1949</u> , that I last saw the deceased alive on <u>Nov 2, 1949</u> , and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Davault, M.D.</u> (Degree or title)				23b. ADDRESS <u>Delta, Mo</u>		23c. DATE SIGNED <u>Nov 12 49</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>Nov. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem. Near Allenville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Allenville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-1-49</u>		REGISTRAR'S SIGNATURE <u>Bennie Mann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gloyd S. Moszow, Advance</u>		ADDRESS <u>Mo.</u>	

DEC 10 19

RECEIVED

District Health Office No

District File Number 1249-16

Date Filed

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

William A. Morgan

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed William A. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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 this body is not embalmed, fact should be so stated above.