

FILED FEB 1 1950

STANDARD CERTIFICATE OF DEATH

6140 State File No. 43950

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u> <u>Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u> <u>Clay Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Stella</u> b. (Middle) <u>Flowers</u> c. (Last) _____			4. DATE OF DEATH (Month) - (Day) - (Year) <u>Dec. 2 - 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25 - 1890</u>
9. AGE (In years last birthday) <u>59</u> 10. MONTHS <u>6</u> 11. DAYS <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (State or foreign country) <u>Madison MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Ferris</u>	
14. NAME OF HUSBAND OR WIFE <u>Flowers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond H. Flowers</u> ADDRESS <u>Clarence 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>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>5 years</u> <u>B30V</u>	
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) m.	
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>Dec 2</u> 19 <u>49</u> , to <u>Dec 2</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 2</u> 19 <u>49</u> and that death occurred at <u>8:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Harlan</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>Clarence MO</u>	
23c. DATE SIGNED <u>Dec 2 1949</u>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Madison cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Missouri MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec-14-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> ADDRESS <u>419</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Embroidering Atlanta MO</u>		ADDRESS	

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

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2000

FEB 3 1950

RECEIVED JAN 3 0 1950
District Health Officer No. 10
District File Number 1-28-2
Date Filed JAN 3 0 1950

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 _____

George W. Davalt

Student Embalmer No. 347

working under my personal supervision.

Student George W. Davalt

Student Embalmer

Signed H. M. Gooding

Licensed Embalmer No. 17500

P. O. Address Atlanta, Ga.

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.