

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17232

State File No.

FILED JUN 12 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 172

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

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>Center, Missouri R.F.D. 0870</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joan</u> b. (Middle) <u>Marie</u> c. (Last) <u>Flowers.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 22, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Oct, 7, 1946</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Everett Flowers</u>	13b. MOTHER'S MAIDEN NAME <u>Cleo Littell.</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Mrs Everett Flowers</u> ADDRESS <u>Center, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		<u>16 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sepsis</u>		<u>16 hour</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy & Organic Brain Damage 4 yr.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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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?
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22. I hereby certify that I attended the deceased from April 22, 1952, to April 22, 1952, that I last saw the deceased alive on April 22, 1952, and that death occurred at 10:15 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel B. Landon, M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri.</u>	23c. DATE SIGNED <u>4-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-9-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Perry, Missouri</u>
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RECEIVED JUN 10 1952
WARION CO. HEALTH DEPT.
DATE FILED JUN 11 1952

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.

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