

STANDARD CERTIFICATE OF DEATH

State File No. **23853**

FILED AUG 4 1952

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5187		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delta Hubbel		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delta Hubbel			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0160			
3. NAME OF DECEASED (Type or Print) a. (First) Stephen		b. (Middle) Flynn		c. (Last) Abraham		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct 15, 1949	
9. AGE (In years last birthday) 2		10. MONTHS 9		11. DAYS 6		12. IF UNDER 14 YEARS OF AGE, Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Francis Hospital		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claird Allmon		13b. MOTHER'S MAIDEN NAME Lavern Dunning		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Claird Allmon		ADDRESS Delta Mo	
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) Skull Fracture and Internal Injuries was the Dr finding ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 25				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Delta Missouri		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Delta Mo Hubbel Cape Mo			
21d. TIME OF INJURY (Month) (Day) (Year) July 21 52 A.M.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Automobile Accident Crossing Highway			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Emmett Ray Trickett (Degree or title) Coroner				23b. ADDRESS 4 S. Pacific St Cape Girardeau Mo		23c. DATE SIGNED July 23, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/23/52		24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park		24d. LOCATION (City, town, or county) (State) Advance Mo	
DATE REC'D BY LOCAL REG. Aug 20 52		REGISTRAR'S SIGNATURE A. G. Libby		25. FUNERAL DIRECTOR'S SIGNATURE Edward S. Morgan		ADDRESS Advance Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0160
3

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 H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

William H. Morgan

Licensed Embalmer No. _____

4640

P. O. Address _____

Advance, Inc.

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.