

Dr. Bartlett

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32445

State File No.

FILED SEP 18 1952

BIRTH NO.

REG. DIST. NO. 292

PRIMARY REG. DIST. NO. 4397

Registrar's No. 46

780
1

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

1. PLACE OF DEATH a. COUNTY <u>Permisit</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Permisit</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coster</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Coster</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>H</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>B</u> c. (Last) <u>Flowers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-22-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-6-1887</u>
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Candlen Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.B. Flowers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Dattie L Flowers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes was I</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dattie L Flowers</u>		ADDRESS <u>Coster Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>lung hemorrhage</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lung hemorrhage</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C. A. of lung</u>	
		DUE TO (c)	
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>30 min</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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>Feb.</u> , 19 <u>52</u> to <u>8/22</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>8/22</u> , 19 <u>52</u> , and that death occurred at <u>6:15 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert Bartlett D.O.</u>		23b. ADDRESS <u>St. Louis Mo.</u>	
23c. DATE SIGNED <u>13 Sept 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-25-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Madison Ave</u>		24d. LOCATION (City, town, or county) (State) <u>Ridgely Tenn</u>	
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>J. P. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Simon and Co</u>		ADDRESS <u>St. Louis Mo.</u>	

9-274-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 10 1952

SEP 16 1952

SEP 18 1952

OCT 6 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John W German

Licensed Embalmer No. *4355*

P. O. Address. *Hayti, Mo*

Signed.....
Student Embalmer

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.