

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41868

State File No. ....

FILED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5339 Registrar's No. 99

0290

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
<u>Rural Rockparariz</u>	<u>4 1/2</u>	<u>Rural Rockparariz TWP 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi so. Everton</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi s. Everton mo</u>	

3. NAME OF DECEASED (Type or Print) <u>William Oscar Flowers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1952</u>		
a. (First)	b. (Middle)	c. (Last)			
<u>William</u>	<u>Oscar</u>	<u>Flowers</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 7, 1893</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Flowers</u>	13b. MOTHER'S MAIDEN NAME <u>Velma A. Flowers</u>	14. NAME OF HUSBAND OR WIFE <u>Aliza Flowers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruby Cantrell, Everton mo</u>
		ADDRESS <u>Everton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 After Death, to 12-20, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Canada</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Lickwood mo</u>	23c. DATE SIGNED <u>12-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-23-52</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Allison</u>	ADDRESS <u>Greentown</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*W. R. Allison*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*4484*

P. O. Address

*Greenfield*

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.