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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30117

FILED OCT 5 1954

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>263</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 East Miller St.</u>		e. STREET ADDRESS (If rural, give location) <u>708 East Miller St.</u>		
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)	b. (Middle) <u>FLOWERS</u>	c. (Last)
4. DATE OF DEATH <u>Sept. 16 1954</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>Negro</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 31 1887</u>		9. AGE (In years last birthday) <u>67</u> Months <u>7</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HomeMaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe, Louisiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Floyd Patton</u>		
13b. MOTHER'S MAIDEN NAME <u>Alice Sockers</u>		14. NAME OF HUSBAND OR WIFE		
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>Floyd Tucker</u> ADDRESS <u>708 E. Miller St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decompensated Heart</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 from <u>7-1 1954</u> , to <u>9-16 1954</u> , that I last saw the deceased alive on <u>9-10 1954</u> and that death occurred at <u>10 PM</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. B. Bunn</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>334 Madison</u>		23c. DATE SIGNED <u>9-21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 21 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>
24d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J.C. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 1-1954</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		

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

OCT 7

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.....  
Signature of Student Embalmer

Signed.....  
*Sylvester Durl*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.