

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9862**
Registrar's No. **12**

FILED MAR 27 1956

REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330**

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

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 4330		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY MISSISSIPPI				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI			
b. CITY OR TOWN EAST PRAIRIE Mo.		c. LENGTH OF STAY (in this place) 66		c. CITY OR TOWN EAST PRAIRIE Mo.		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 EAST PRAIRIE Mo.				e. STREET ADDRESS (If rural, give location) EAST PRAIRIE Mo 06710			
3. NAME OF DECEASED (Type or Print) a. (First) HANNAH			b. (Middle) _____			c. (Last) FLOWERS	
4. DATE OF DEATH MARCH 14, 1956		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Aug. 19, 1889		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (City and State or Foreign Country) EAST PRAIRIE Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SCOTT MORGAN		13b. MOTHER'S MAIDEN NAME ROCHAEL ZILAFRO		14. NAME OF HUSBAND/OR WIFE TOM FLOWERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME PAULINE LAUGHLIN ADDRESS EAST PRAIRIE 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, asthenia, 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) Chronic Myocarditis.				DUE TO (b) Arteriosclerosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Senility			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4221				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 June, 1953 , to March 13, 1956 , that I last saw the deceased alive on March 13, 1956 , and that death occurred at 2:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edna Thompson, M.D. (Degree or title) _____				23b. ADDRESS East Prairie Mo.		23c. DATE SIGNED 3-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Dogwood CEMETERY		24d. LOCATION (City, town, or county) (State) MISSISSIPPI Co. Mo.	
DATE REC'D BY LOCAL REG. 3-19-56		REGISTRAR'S SIGNATURE Gertrude S. Harper		25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby East Prairie ADDRESS _____			

RECEIVED
Miss. Co. Health Dept
County File No. MAR 2
Date Filed MAR 23 1956

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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 *W. Louis Shelby Jr.*

Licensed Embalmer No. *4954*

P. O. Address *East Point*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.