

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20931**

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 130		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital				e. STREET ADDRESS (If rural, give location) Rt. 1 Sheridan Township				
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY			b. (Middle) BELLE		c. (Last) FLOWERS		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-maker		11. BIRTHPLACE (City and State or Foreign Country) Decatur, Illinois,		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Benjamin Howard			13b. MOTHER'S MAIDEN NAME Jennie Marine		14. NAME OF HUSBAND OR WIFE Thomas A. Flowers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Howard Elliott, Rt. 2, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary occlusion		5 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Hypertension		Years -		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6/8, 1956 , to 6/12, 1956 , that I last saw the deceased alive on 6/12, 1956 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE <i>[Signature]</i>				(Degree or title) M. D.		23b. ADDRESS Carthage, Missouri.		
23c. DATE SIGNED 6/12/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14, 1956		24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		
24d. LOCATION (City, town, or county) (State) Jasper, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Knell Mortuary Carthage, Mo.				
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>						

(Licensed Embalmer's Statement on Reverse Side)

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

County File No. 56-6-506
Date Filed JUN 22 1956

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 Frank W. Knell.....

Licensed Embalmer No. 44.....

P. O. Address Carters.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.