

X No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 - 1956

22851
State File No.

806
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

3

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>0 3 days</u>	c. CITY OR TOWN <u>Topeka</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>D.O.A. Mo. Methodist Hospt.</u>		e. STREET ADDRESS (If rural, give location) <u>410 East 7th St.,</u> 8158	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) _____ c. (Last) <u>Flowers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>April 6, 1917</u>
9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Professional Driver Taxi Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Russell Flowers</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Briggs</u>		14. NAME OF HUSBAND OR WIFE <u>Not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW 2</u>		16. SOCIAL SECURITY NO. <u>513-07-3546</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Briggs, Topeka, Kansas</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Internal injuries to head and chest.</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries to head and chest.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <u>Internal hemorrhage and shock.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Man suffered injuries from an auto mobile when tire blew out and auto left highway and struck an embankment.</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Man was dead on arrival at Missouri Methodist Hospital at 7 PM 7/26/56</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>US Highway 59</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Halls</u> (COUNTY) <u>011 Buchanan Mo.</u> (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 26, 1956</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>tire blew out and auto left highway and struck embankment</u>
22. I hereby certify that I viewed <u>viewed</u> the deceased from <u>July 26, 1956</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H F Mundy (Coroner) M.D.</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>July 27,</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Penwell-Gable Mortuary</u>	24d. LOCATION (City, town, or county) <u>Topeka, Kansas</u> 1956 (State) _____
DATE REC'D BY LOCAL REG. <u>July 30, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

485

AUG 8 1958

AUG 13 1958

APR 2 1957

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 *Louis J. Chaney*.....

Licensed Embalmer No. *467*

P. O. Address *St. Joseph, Mo.*

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.