

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31365**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5730** Registrar's No. **188**

1. PLACE OF DEATH
a. COUNTY **Macon**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Goldsberry Drake**)
c. LENGTH OF STAY (in this place) **DRAKE**
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Macon**
c. CITY OR TOWN **Goldsberry**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **0610**

3. NAME OF DECEASED (Type or Print)
a. (First) **Printis** b. (Middle) **N.** c. (Last) **Flowers**

4. DATE OF DEATH (Month) (Day) (Year)
September 9 1956

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **July 2 1893**

9. AGE (In years last birthday) **63**

IF UNDER 1 YEAR Months **2** Days **7** IF UNDER 24 HRS. Hours **7** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Bryson Flowers**

13b. MOTHER'S MAIDEN NAME **Ermine Koger**

14. NAME OF HUSBAND OR WIFE **Mabel Flowers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes First World War**

16. SOCIAL SECURITY NO. **497-42-0083**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mabel Flowers Goldsberry 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **cerebral thrombosis**
ANTECEDENT CAUSES DUE TO (b) **Hypertension**
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH **42 hours**
5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **332X**

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1, 1951** to **Sept 9, 1956**, that I last saw the deceased alive on **Sept. 9, 1956**, and that death occurred at **12-45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold D. Ch...**

23b. ADDRESS **La Plata Mo**

23c. DATE SIGNED **9-9-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **Sept 11 1956**

24c. NAME OF CEMETERY OR CREMATORY **Helton**

24d. LOCATION (City, town, or county) (State) **Macon County Mo**

DATE REC'D BY LOCAL REG. **9-10/56**

REGISTRAR'S SIGNATURE **Rich Mcneely**

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **M.H. McCollum South Gifford Mo**

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

1177 5
1933

County File No. 4
Date Filed 9, 20, 54

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. H. Callum*.....

Licensed Embalmer No.. 2052.....

P. O. Address South Hifford W

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.