

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31780

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6099 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural, Logan		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Rural		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 3 mi. E of Corridon			e. STREET ADDRESS (If rural, give location) 3 mi. E of Corridon 0900			
3. NAME OF DECEASED (Type or Print) WANDA		a. (First)	b. (Middle) LORETTA	c. (Last) FLOWERS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1956	
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH Jan. 4 1947	9. AGE (in years last birthday) 9	IF UNDER 1 YEAR Months 7 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school girl	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Redford Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harley Flowers		13b. MOTHER'S MAIDEN NAME Elvira Copeland		14. NAME OF HUSBAND/OR WIFE ##		
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harley Flowers Corridon 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) multiple fractures of skull crushed chest. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road	21c. (CITY, TOWN, OR TOWNSHIP) Logan Township Reynolds Co. Mo. (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-56 4.00P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P.m., from the causes and on the date stated above.						
23a. SIGNATURE Char Reed (Degree or title)			23b. ADDRESS Centerville Mo		23c. DATE SIGNED 9-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-4-56	24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery		24d. LOCATION (City, town, or county) (State) Redford Mo.		
DATE REC'D BY LOCAL REG. 9/8/56		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Ruel White		

(Licensed Embalmer's Statement on Reverse Side)

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

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Received 9-14-
Reynolds County Health
File No. 956-3

SEP 20 1950

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 Ann J. White

Licensed Embalmer No. 3012

P. O. Address Director's Office

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.