Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005018
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN: Kennett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Presnell Hosp. — Length of stay in 1b: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Braggadocio — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 2 Mi. No. Braggadocio — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: William Middle: B. Last: Flowers
4. DATE OF DEATH: Month: 2 Day: 26 Year: 59
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 11, 1888
9. AGE (In years last birthday): 70 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Center Ridge, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: John Flowers
13b. MOTHER'S MAIDEN NAME: Fannie Sides
14. NAME OF HUSBAND OR WIFE: Lizzie Flowers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Lizzie Flowers, Braggadocio, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Emboli from Thrombophlebitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): + Auricular Fibrillation following
DUE TO (c): Multiple rib fractures both sides — 13 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Auto accident
20c. TIME OF INJURY: Hour 3 p.m. Month, Day, Year: Feb 14 1959
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
20f. CITY, TOWN, OR LOCATION: Pemiscot COUNTY: 078 STATE: Mo.

21. I attended the deceased from Feb 14 1959, to Feb 26-59 and last saw her/him alive on Feb 26 - 59
Death occurred at 11:15 am Feb 26, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul C. Miltenberger (Degree or title) M.D.
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 2-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-28-59
23c. NAME OF CEMETERY OR CREMATORY: Morrilton Cemetery
23d. LOCATION (City, town, or county) (State): Morrilton, Arkansas

24. FUNERAL DIRECTOR — ADDRESS: Osburn Funeral Home, Hayti, Mo.
25. DATE RECD. BY LOCAL REG.: 2-27-1959
26. REGISTRAR'S SIGNATURE: Earl Hussman

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 5 1959

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 [illegible]

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.