

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014319

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No.

272

Primary Registration District No.

5907

Registrar's No.

02

1. PLACE OF DEATH a. COUNTY <i>Pemissot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemissot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Steele</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Steele</i> 0780
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>1 MO</i>	d. STREET ADDRESS (If outside, give location) <i>Route 3</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>David Lee Flowers</i>			4. DATE OF DEATH Month Day Year <i>4-28-59</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-20-1926</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 308
<i>Child</i>			11. BIRTHPLACE (City and state or country) <i>L.A. Calif</i>
13a. FATHER'S NAME <i>Vernie Flowers</i>		13b. MOTHER'S MAIDEN NAME <i>Iola Roberts</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Mrs. Iola Flowers Steele Rt 3</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Burned up in Home fire</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9:160</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>16</i>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Home Burned</i>	
20c. TIME OF INJURY <i>3 - 4 - 28 - 59</i> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Family Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>R. 3 Steele, Pemissot, Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James G. Robson, Funeral</i>		22b. ADDRESS <i>Waverly, Mo</i>	22c. DATE SIGNED <i>4-28-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4-29-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maiden</i>	23d. LOCATION (City, town, or county) (State) <i>Hedgley Tenn</i>
24. FUNERAL DIRECTOR ADDRESS <i>Samson Funeral Home Steele Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-7-59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

CERTIFICATE OF SERVICE

**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 Not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address.....

**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.**