

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018874

STATE FILE NUMBER

FILED MAY 19 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 194

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Redford</u>		Inside Limits <u>Unknown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospt. #4</u>		Length of stay in lb <u>16 das.</u>	d. STREET ADDRESS <u>0900</u>		Reside on Farm <u>Unknown</u>
3. NAME OF DECEASED (Type or print) First <u>MANCE</u> Middle <u>GAY</u> Last <u>FLOWERS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 27, 1903</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>R. E. Flowers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rains</u>	
14. NAME OF HUSBAND OR WIFE <u>Audrey Huskey</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Records, State Hospital No. 4, Farmington, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Maniacal Exhaustion- - - - -</u> DUE TO (b) <u>Psychosis, Manic Depressive, Manic type. - -</u> DUE TO (c) <u>Diabetes Melitus.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Melitus.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> <u>Abt. 1 year.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Reynolds County</u>		20g. COUNTY <u>Reynolds</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>April 23, 1959</u> to <u>May 9, 1959</u> and last saw him <u>xxx</u> alive on <u>May 9, 1959</u> Death occurred at <u>1:40 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. C. Bolman M.D.</u>		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>5-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 12, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
23d. LOCATION (City, town, or county) <u>Reynolds County, Between Centerville and Ellington, Mo.</u>		23e. (State)		23f. (City, town, or county)	
24. FUNERAL DIRECTOR <u>Pewitt Funeral Home, Ellington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 14 1959</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Paul K. Royal* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington, Conn.* _____

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.