URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-007680

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 6005 Registrar's No.

NDED

1. PLACE OF DEATH
a. COUNTY Ralls
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence R R # 1 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Ralls
c. CITY OR TOWN New London — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R R # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle KEMPTON Last FLOWERREE
4. DATE OF DEATH Month February Day 29 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/15/1890
9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months 2 Days 14 — IF UNDER 24 HR Hours 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 country) Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Samuel K. Flowerree
13b. MOTHER'S MAIDEN NAME Emma Hostetter
14. NAME OF HUSBAND OR WIFE Leta Flowerree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. William K. Flowerree Address R F D # 1 New London Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident, acute — INTERVAL BETWEEN ONSET AND DEATH acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Diabetes — 3 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-11-59, to 2-15-60 and last saw her/him alive on 2-15-60

Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. E. Sultzman (Degree or title) M. D.
22b. ADDRESS 115 North 5th St. Hannibal, Mo.
22c. DATE SIGNED 3-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/2/1960
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery
23d. LOCATION (City, town, or county) (State) New London Missouri

24. FUNERAL DIRECTOR W. Crawford Smith ADDRESS Hannibal Missouri
25. DATE RECD. BY LOCAL REG. 3-3-1960.
26. REGISTRAR'S SIGNATURE Clyde E. Willey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed N Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.