

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44502

State File No. _____

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5797

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>8 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	<u>3638</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1710 CONCORD COURT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLEN</u> b. (Middle) <u>HALSALL</u> c. (Last) <u>FLOWERREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-31-1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-1-1886</u>	9. AGE (In years last birthday) <u>66</u>	IF ORDER YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.M. & O. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OKWOOD MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FLOWERREE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SPLAWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLOTTE FLOWERREE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>709-12-0118</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. CHARLOTTE FLOWERREE</u> ADDRESS <u>1710 CONCORD COURT KANSAS CITY, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the urinary bladder with distant metastasis</u>		<u>not known</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>broncho-pneumonia — bilateral hydro-nephrosis</u>		<u>not known</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of the urinary bladder — metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1952, to Dec. 31, 1952, that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Castle</u> M. D. (Degree or title)	23b. ADDRESS <u>1002 Argyle Building</u>	23c. DATE SIGNED <u>Jan. 1953</u>
M. D. <u>Kansas City, Missouri</u>		

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>JAN-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DW. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-31-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer

Signed

Basil V Honey

Licensed Embalmer No. *4724*

P. O. Address: *Ashland, 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 this body is not embalmed, fact should be so stated above.