

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

V. S. No. 300
Rev. 10-48

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 10-53

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>Tuscumbia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0680</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>Mariah</u> c. (Last) <u>Flaughter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/20/79</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elbert Robison</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Flaughter</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Perry Flaughter</u> ADDRESS <u>Tuscumbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Gall bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Metastasis to liver</u> DUE TO (c) <u>Reitoxin + Intestines</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>8-5-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 8-1-53, 1953, to 8-11-53, 1953 that I last saw the deceased alive on 8-1-53, 1953, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>M. E. Humphrey, D.O.</u>	23b. ADDRESS <u>Tuscumbia, Mo.</u>	23c. DATE SIGNED <u>8-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Capps</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Miller Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>August 12-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Nedger, Jr.</u> ADDRESS <u>Hedges Funeral Homes Inc., Iberia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0680

RECEIVED

APR 22 1953

WALKER COUNTY HEALTH
DEPARTMENT

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 *Walter P. Medges*.....

Licensed Embalmer No. *4265*.....

P. O. Address *Heri, M*.....

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.