

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43626

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hennibal</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Vandalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>004</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Flowerree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 22, 1953</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>June 14, 1887</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Center Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>George Flowerree</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Flowerree</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hazel Flowerree Vandalia Missouri</u>		

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u>		<u>2 mo</u>
	DUE TO (c) <u>Anemia due to diverticulosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>293X</u>		
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?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. M. Lucke</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>707 B. Duway</u>		23c. DATE SIGNED <u>12/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/24/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Center Missouri</u>		

DATE REC'D BY LOCAL REG. <u>12-24-53</u>	REGISTRAR'S SIGNATURE <u>Dr. L. M. Lucke</u>	15470	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Fisher</u>	ADDRESS <u>Hannibal Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **DEC 29 1953**
MARION CO. HEALTH DEPT.
DATE FILED DEC 29 1953

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 *John S. Hargis*.....

Licensed Embalmer No....4540

P. O. Address Hannibal Mis.....

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.