

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11417

BIRTH NO. 87461-53 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Cape Girardeau
c. LENGTH OF STAY (in this place) - Life
d. FULL NAME OF HOSPITAL OR INSTITUTION 4198. Hanover, Cape Gir.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau
d. Is residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 930 Jefferson 0168

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) DENNIS c. (Last) FLOWERS
DATE OF DEATH April 18, 1954

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Inf
8. DATE OF BIRTH December 23, 1928 9. AGE (In years last birthday) 3 10. IF UNDER 1 YEAR Months 25 Days 85 Hours 18 Min.

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Inf 10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME James Flowers 13b. MOTHER'S MAIDEN NAME Helen Cochran 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME James Flowers 330 Jefferson, Mo. ADDRESS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized septicemia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Streptococcal pharyngitis 2 days
DUE TO (c)
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 051 X 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1954, to 4-18, 1954, that I last saw the deceased alive on 3-22, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Cochran (Degree or title) MD 23b. ADDRESS Cape Girardeau, Mo. 23c. DATE SIGNED 4-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 20, 1954 24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park Advance Missouri 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4-24-54 REGISTRAR'S SIGNATURE L. C. Seaman 44-0 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lloyd S. Morgan Sr. ADDRESS Advance, Mo.

(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.....
Signature of Student Embalmer

Signed *Harold W. Prosga*.....
Licensed Embalmer No. *44*.....

P. O. Address *Advance*.....

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.