

FILED SEP 9 1954 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0640</u>		d. STREET ADDRESS (If rural, give location) <u>Jct. McMaster + R 720 #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			
3. NAME OF DECEASED a. (First) <u>Mark</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Flowers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-19-48</u>
9. AGE (In years last birthday) <u>5 yrs</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Madison Iowa</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Paul E. Flowers</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Mary Jans</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul E. Flowers</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>@ Shock @ Proctures of Right Humerus - Right Femur</u> E 812-1 25 DUE TO (c) <u>Right Pelvis on the right Proctures</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway 61 near Hannibal</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 23 34 130 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by Automobile</u>	
22. I hereby certify that I attended the deceased from <u>8-23</u> , 19 <u>54</u> , to <u>8-24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>54</u> and that death occurred at <u>9:10 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lawel B. Landon, M.D.</u> (Degree or title)		23b. ADDRESS <u>226 Broadway Hannibal, Mo</u>	23c. DATE SIGNED <u>8/24/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>St. Madison Iowa</u>
DATE REC'D BY LOCAL REG. <u>8/25/54</u>	REGISTRAR'S SIGNATURE <u>Stem Lucke & C Fisher</u> By <u>129-C</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. O'Donnell Hannibal Mo</u>	

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

2661182

RECEIVED

SEP 7 1954

MARION CO. HEALTH DEPT.

DATE FILED

SEP 7 1954

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..... *H. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address..... *Hannibal 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.