

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 7 1956

278

PRIMARY REG. DIST. NO. 3054 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>LOUISIANA</b>	c. LENGTH OF STAY (in this place) <b>21 yrs.</b>	c. CITY OR TOWN <b>LOUISIANA</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>1009 NORTH CAROLINA</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BURK</b> b. (Middle) <b>-</b> c. (Last) <b>FLEWELLIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 27, 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Oct 22, 1880</b>
9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISAAC FLEWELLEN</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BROWN</b>	14. NAME OF HUSBAND OR WIFE <b>ALICE PEARL FLEWELLEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C.B. FLEWELLIN - Louisiana, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>senile atherosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>fracture of left femur</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>331XF</b>	
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2/10, 1956</b> to <b>2/27/56, 1956</b> , that I last saw the deceased alive on <b>2/27, 1956</b> , and that death occurred at <b>12:55P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. W. Middleton M.D.</b>		23b. ADDRESS <b>Louisiana Mo.</b>	
23c. DATE SIGNED <b>2/29/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>LOUISIANA, Mo.</b>
DATE REC'D BY LOCAL REC. <b>Mar 1, 1956</b>	REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	374.1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. M. Collier, Louisiana Mo.</b>

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 *Les. M. Callier*

Licensed Embalmer No. *383*  
P. O. Address *Louisiana*

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.