

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040824
STATE FILE NUMBER

8 75.207-58
FILED NOV 17 1958 Registration District No. 238 Primary Registration District No. 4855 Registrar's No. 35

5. 300
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		c. CITY OR TOWN New Madrid	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) 0721 531 Russell	
3. NAME OF DECEASED (Type or print) First Melvin Middle Flournoy Last Flournoy		4. DATE OF DEATH Month Nov , Day 1 , Year 58	
5. SEX M	6. COLOR OR RACE 2 Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct, 9, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 12
11. BIRTHPLACE (City and state or country) New Madrid, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Theodis Flournoy		13b. MOTHER'S MAIDEN NAME Levurne Cooper	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT Theodis Flournoy Address New Madrid, Mo. 531 Russell, St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10-9-58 to 11-1-58 and last saw ^{him} alive on 11-1-58 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Ed. Chastain M.D.		22b. ADDRESS Lilbourn, MO	
22c. DATE SIGNED Nov 1, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov, 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Sandhill	23d. LOCATION (City, town, or county) (State) New Madrid, Mo.
24. FUNERAL DIRECTOR Richards And't. New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. Nov 58	26. REGISTRAR'S SIGNATURE Fay Hultquist

P.O.

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.

Tommy S. Rody

Student
Signature of Student Embalmer

Signed *Tommy S. Rody*

Licensed Embalmer No. *4886*

P. O. Address *New Market*

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.