

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012604

STATE FILE NUMBER

FILED APR 29 1959

Registration District No. 31 Primary Registration District No. 2-1-1

Registrar's P. 1

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CARROLLTON</u>		c. CITY OR TOWN <u>Hippinsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>WETZEL HOSPT</u>		d. STREET ADDRESS (If outside, give location) <u>12 1/2 SOUTH HIPPINVILLE</u>	
3. NAME OF DECEASED (Type or print) <u>ROBERT HOWARD FLOWERS</u>		4. DATE OF DEATH <u>MAR. 19 1959</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 9 1975</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	9. AGE (In years last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>MASON CITY ILL. USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN FLOWERS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA LOVE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>FLOWERS</u> Address <u>GORDON KING CITY, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial Regeneration &amp; dilatation.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Coronary Thrombosis.</u>			<u>12 Day</u>
DUE TO (c) <u>Chronic arterial sclerosis.</u>			<u>80 yr</u>
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>January 15, 1958</u> to <u>March 19, 1959</u> and last saw her/him alive on <u>March 18, 1959</u> . Death occurred at <u>11 1/2 7th</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Dr John C. Bell</u> (Doctor or Physician)		22b. ADDRESS <u>1110 1/2 Main St. Lawrence</u>	
22c. DATE SIGNED <u>3/19/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAR. 21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE SOUTH OF HIPPINVILLE MO.</u>	
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>Roy F. Wiegman</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-59</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdon</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roy A. Wiegman* .....

Licensed Embalmer No. *2883* .....

P. O. Address *Higginsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.