

Health,
& Welfare
Public
Service

FILED TO AUG 26 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031079

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2246

6. 300
1-57
9
97
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Allen McNeary, M.D.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home		d. STREET ADDRESS (If outside, give location) 4910 San Francisco	
3. NAME OF DECEASED (Type or print) First Clara Middle Florence Last Flowers		4. DATE OF DEATH Month Aug. Day 18, Year 1959.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) Crocker Retired		10b. KIND OF BUSINESS OR INDUSTRY Custodian	11. BIRTHPLACE (City and state or country) Rising Sun, Indiana
13a. FATHER'S NAME Henry Hewitt		13b. MOTHER'S MAIDEN NAME Mary J. Sparks	14. NAME OF HUSBAND OR WIFE William C. Flowers
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. 500-3407954	17. INFORMANT Address Pine Crest Home, Manchester, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of Stomach			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) 151X			
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 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>2:35 P.M.</u> to <u>8-18-59</u> and last saw her alive on <u>8-18-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Allen McNeary		22b. ADDRESS 7308 Hedden	22c. DATE SIGNED 8-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/59	23c. NAME OF CEMETERY OR CREMATORY New Pecker Cem	23d. LOCATION (City, town, or county) (State) St Louis MO
24. FUNERAL DIRECTOR Louis H. Bopp Inc. Kirkwood		25. DATE RECD. BY LOCAL REG. 8-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. Myland Jr*
Licensed Embalmer No. *4512*
P. O. Address *Richwood, W. Va.*

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.