

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025858  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 5469 Registrar's No. 176

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 7 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>GRUNDY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FRANKLIN TOWNSHIP</u>		a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>HOME</u>		Length of stay in 1b		c. CITY OR TOWN <u>SPICKARD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <u>FRANKLIN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERTIE ELIZABETH FLOWERS</u>			4. DATE OF DEATH Month Day Year <u>Oct. 3 1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV-10-1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM KILBURN</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISIA WILLIS</u>	
14. NAME OF HUSBAND OR WIFE <u>VIRGIL FLOWERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>VIRGIL FLOWERS</u>		17. INFORMANT Address <u>SPICKARD MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>NATURAL CAUSES</u>		DUE TO (b) <u>PROBABLY DUE TO CEREBRAL HEMORRHAGE INSTANT</u>		DUE TO (c) <u>NO MEDICAL ATTENDANCE</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	<u>Donald H. Slater, County Coroner, 10-3-63</u>				
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>Oct. 3, 1963</u> to _____ and last saw her alive on _____ Death occurred at <u>About 1:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Of doctor or title) <u>Jerene Jairo, Local Registrar</u>		22b. ADDRESS <u>Drenton Mo</u>		22c. DATE SIGNED <u>10-5-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT-6-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NORTHEVANS CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>WISE FUNERAL HOME SPICKARD MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-63</u>		26. REGISTRAR'S SIGNATURE <u>Jerene Jairo</u>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI

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**STATEMENT BY LICENSED EMBALMER**

8-28

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.