

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043914
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6075

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

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **EMMETT F. WALLS** MEDICAL CERTIFICATION

FILED DEC - 2 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MO. b. COUNTY JACKSON
Length of stay in 1b 23 yrs.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2205 MONROE	d. STREET ADDRESS (If outside, give location) 22.05 MONROE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First FLORINE Middle FLOURNOY Last FLOURNOY	4. DATE OF DEATH Month 11 Day 6 Year 63
5. SEX FEMALE	6. COLOR OR RACE NEGRO
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-1914
9. AGE (last birthday) 49	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (City and state or country) CABE SPRINGS, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME EMMITT BEDELL	13b. MOTHER'S MAIDEN NAME LOLITA CULP
14. NAME OF HUSBAND OR WIFE OSCAR FLOURNOY	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.	17. INFORMANT ROBERT R. GEARY 2205 MONROE K. C., MO.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 2 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension
DUE TO (c)	5-21.5
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	
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.	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 Oct 19, 1962 to Nov 4, 1963 and last saw her alive on Nov 6, 1963 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) Emmett F. Walls M.D.	22b. ADDRESS 2628 Transit
22c. DATE SIGNED 11-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-8-1963
23c. NAME OF CEMETERY OR CREMATORY LINCOLN MEMORIAL CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.
24. FUNERAL DIRECTOR Mrs. C. E. Davis	25. DATE RECD. BY LOCAL REG. 11-8-63
26. REGISTRAR'S SIGNATURE Bessie Smith	

USE BLACK INK OR TYPEWRITER RIBBON

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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

John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.