

RECEIVED

N. V. R. R.
APR 3 1975

LOCAL FILE NUMBER 104

STATE OF MISSISSIPPI
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Mississippi State Board of Health
Revised 1/1/68 - Form No. 511

1. DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)	
1. Louella Lenora Flack					2. Female	3. March 23, 1975	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5a. AGE—LAST BIRTHDAY (YEARS)		5b. UNDER 1 YEAR		6. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 83		5b. MOS. DAYS		6. July 18, 1891	
7a. CITY, TOWN, OR LOCATION OF DEATH		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Pascagoula		7c. Yes		7d. Singing River Hospital			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Mississippi		9. U.S.A.		10. Widowed		11. -----	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY			
12. 425-OI-1356-B		13a. Housewife		13b. Same			
14a. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION		14d. STREET AND NUMBER	
14a. Mississippi		14b. Jackson		14c. Pascagoula		14d. 1921-Roosevelt St.	
15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		
15. John		Franklin		Lucas	16. Caroline Lucas		
17a. INFORMANT—NAME				17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mr. James M. Flack				17b. I65 Wilderness Rd.-Tryon, N. C. 28782			
18. PART I. DEATH WAS CAUSED BY:		18. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(a) Acute Pulmonary Edema					
		(b) Arteriolosclerotic Heart Disease					
		(c) Possible Plumonary Emboli					
19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						19a. AUTOPSY (YES OR NO)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						19a. No	19b.
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
20e. INJURY AT WORK (SPECIFY YES OR NO)		20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20g. LOCATION			
20e.		20f.		20g.			
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		21b. MONTH DAY YEAR	21c. MONTH DAY YEAR	21d. AND LAST SAW HIM/HER ALIVE ON	21e. I DID/DID NOT VIEW THE BODY AFTER DEATH.	21f. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. Nov. 2, 1965		21b. TO March 23, 1975	21c. March 23, 1975	21d. March 23, 1975	21e. yes	21f. 8:58PM	
22. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22. FIER—NAME (TYPE OR PRINT)		22b. SIGNATURE		22c. DATE SIGNED (MONTH, DAY, YEAR)		22d. HOUR	
22. Samuel J. Simmon III, MD		22b. [Signature]		22c. March 23, 1975		22d. 8:58 P.M.	
23a. MAILING ADDRESS—CERTIFIER		23b. STREET OR R.F.D. NO.		23c. CITY OR TOWN		23d. STATE	
23a. 4601 Hospital Road		23b. Pascagoula		23c. Mississippi		23d. 39567	
24. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY OR CREMATORY—NAME		24c. LOCATION		24d. STATE	
24. Burial		24b. Jackson County Memorial Park		24c. Pascagoula		24d. Ms.	
24e. DATE (MONTH, DAY, YEAR)		24f. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24e. March 26, 1975		24f. O'Bryant-O'Keefe Funeral Home, Inc.-----Pascagoula, Ms. 39567					
25a. EMBALMER—SIGNATURE		25b. No.		25c. REGISTRAR—SIGNATURE		25d. DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]		25b. 658		25c. [Signature]		25d. Mar. 29, 1975	

CERTIFIED COPY OF RECORD OF DEATH

I, Alton B. Cobb, M.D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in this office.

Given at Jackson, Mississippi, over my signature and under the official seal of my office, this the 3rd day of April, 1975.

[Signature: Alton B. Cobb, M.D.]

Alton B. Cobb, M.D., State Registrar