

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43978

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEPPER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEPPER	
c. LENGTH OF STAY (In table place) LIFE		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) FLYNN b. (Middle) McFADDEN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) DEC. 10, 1949			
5. SEX M U	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH unk	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) UNK 9		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAKE McFADDEN		13b. MOTHER'S MAIDEN NAME ELLEN GLYBURN		14. NAME OF HUSBAND OR WIFE JEWELL McFADDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. 499-03-7649		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LESTER McFADDEN LEEPER, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suffering DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 331X
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leeper Mo. Wayne Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harmon E. Bauer, coroner			23b. ADDRESS Redmont, Mo		23c. DATE SIGNED Dec 11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY ALWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) NEAR LEEPER, MISSOURI

DATE REC'D BY LOCAL REG. Jan. 14, 50	REGISTRAR'S SIGNATURE Sue E. Piles		340	25. FUNERAL DIRECTOR'S SIGNATURE Harmon W. Fish		ADDRESS Redmont
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 2 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-161

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 ~~XXX~~

MARVIN E. ROWLES

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Marvin E. Rowles

Signed _____
Student Embalmer

Licensed Embalmer No. 4426

P. O. Address PIEDMONT, MISSOURI

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