

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8664

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 449 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1009

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>5 years</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7441 Summitt St.</u> | | d. STREET ADDRESS (If rural, give location) <u>7441 Summitt St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>TALULA</u> | | b. (Middle) <u>ANN</u> | |
| c. (Last) <u>FLINT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan. 13, 1865</u> |
| 9. AGE (In years last birthday) <u>85</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Jacob Jackson</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Jane Ford</u> | | 14. NAME OF HUSBAND OR WIFE <u>N. J. Flint</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>C. A. Brownlee, 7441 Summitt, Kansas City, Mo.</u> | | ADDRESS <u>Mo.</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis - Aneurysm</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <u>4-2-50</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | |
| 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | |
| 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 <u>Feb. 19, 1950</u> , to <u>March 3, 1950</u> , that I last saw the deceased alive on <u>March 2, 1950</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Edson C. Carrier, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>242. Oley, Mo. Bldg.</u> | |
| 23c. DATE SIGNED <u>3/4/50</u> | | 24. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u> | | 24b. DATE <u>March 5, 1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-4-50</u> | | REGISTRAR'S SIGNATURE <u>Thermaine Holmes</u> | |
| 5. FUNERAL DIRECTOR'S SIGNATURE <u>Thermaine Holmes</u> | | ADDRESS <u>Richmond, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~PRKX~~

working under my personal supervision.

Student Embalmer No.

Signed William L. Thurman

Signed.....
Student Embalmer -

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.