

STANDARD CERTIFICATE OF DEATH

State File No. 13954A  
Registrar's No. 20

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>FLYNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Sept. 26, 1868</u>			9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 12 HRS. <u>3</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lynn Creek, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>Martine Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>Lovine Bunch</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Flynn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katie Flynn</u> ADDRESS <u>Thayer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>
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 checked="" type="checkbox"/>	
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) (Min.)		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 Jan 1948, to 4/29 1950, that I last saw the deceased alive on 4-29-1950, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John P. Ellison</u>		23b. ADDRESS <u>Thayer Mo.</u>		23c. DATE SIGNED <u>6-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mammoth Spring Ark.</u>	

DATE REC'D BY LOCAL REG. <u>June 30 50</u>		REGISTRAR'S SIGNATURE <u>Ella Cross</u> <u>468</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thayer, Mo.</u>	
--	--	--	--	---	--

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, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.