

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15544**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6088** Registrar's No. **113**

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

0980

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b> <b>IBERTY TWP</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LANCASTER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LANCASTER, IBERTY TWP.</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>A.P.H.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PEARL</b> b. (Middle) <b>KATHY</b> c. (Last) <b>FLYNN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 14, 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 1, 1890</b>		9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ALLISON IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES B. HAYNES</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA TAYLOR</b>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS JACK HASKINS MACOMB ILL</b>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>163X</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 checked="" type="checkbox"/>
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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 **1-15, 1948**, to **4-14, 1950**, that I last saw the deceased alive on **APRIL 14, 1950**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. E. Vaughan</b> (Degree or title) <b>2 DO</b>	23b. ADDRESS <b>Lancaster, Mo</b>	23c. DATE SIGNED <b>4/15/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-16-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Home</b>	24d. LOCATION (City, town, or county) (State) <b>Worthington, Mo. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 15 - J.D.</b>	REGISTRAR'S SIGNATURE <b>James B. Drake</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Everett R. Head Lancaster, Mo.</b>
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APR 17 1950

RECEIVED

District Health Officer No. 10

District File Number 4-57-65

APR 17 1950

Date Filed

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 .....  
Student Embalmer

Signed Lucretia R. Head

Licensed Embalmer No. 4038

P. O. Address Lumaca, 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.