

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7170

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>44</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Marshall) Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Marshall) Twp.</u> <u>0973</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. W. of Marshall</u>				d. STREET ADDRESS (If rural, give location) <u>5 Mi. W. of Marshall</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u>		b. (Middle) <u>NONE</u>		c. (Last) <u>FLYNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 20, 1865</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRA. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper Ret</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>MO Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>None - - -</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John M. Combs Marshall 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>Cardiac arrest</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute tracheo-bronchitis</u> 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 <u>500X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>19 Feb</u> , 19 <u>51</u> , to <u>19 Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>18 Feb</u> , 19 <u>51</u> , and that death occurred at <u>9:15 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. F. Fisher, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2/21/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Shackelford Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 23-1951</u>		REGISTRAR'S SIGNATURE <u>Edwney J. Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Herzhberger Marshall, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2 26 51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2 26 51

REC'D
T I N O R

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.....
Student Embalmer

Signed Joseph R. Marshall

Licensed Embalmer No. 4571

P. O. Address Marshall, C

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.