

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33553**  
**4484**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>13 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2909 E. 29th. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - 2909 E. 29th. St.</b>			

3. NAME OF DECEASED a. (First) <b>Laura</b>		b. (Middle) <b>Ellen</b>		c. (Last) <b>FLINN</b>		4. DATE OF DEATH (Month) <b>10</b> (Day) <b>20</b> (Year) <b>51</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>5-17-1857</b>	
9. AGE (In years last birthday) <b>94</b>		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) <b>Invalid</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Greencastle, Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							

13a. FATHER'S NAME <b>Andrew Shoptaugh</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Piercy</b>		14. NAME OF HUSBAND OR WIFE <b>Douglas Flinn</b>	
---	--	---	--	---	--

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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Vee Flinn</b>		ADDRESS <b>Kansas City, Missouri</b>	
---	--	--	--	--	--	---	--

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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crownary Heart Disease</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				<b>4201</b>	

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)		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 1949, 19  , to 10-20, 1951, that I last saw the deceased alive on 10-20, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4050 Broadway Bldg</b>		23c. DATE SIGNED <b>10-21-51</b>	
---	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-21-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>Chamute Kas.</b>	
---	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>10-21-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McTilly-Eylan</b>		ADDRESS <b>8-C</b>	
---	--	---	--	---	--	-----------------------	--

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

7736 Walnut

---

---

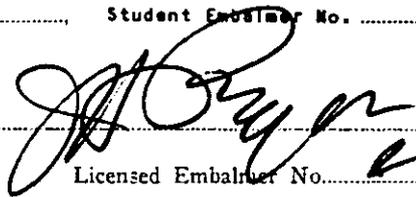
STATEMENT BY LICENSED EMBALMER

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.....

  
Licensed Embalmer No. .... 2225

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.