

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37722

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 172

481

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. LENGTH OF STAY (In this place) <u>69 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 South Green St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u> <u>0421</u>	
		d. STREET ADDRESS (If rural, give location) <u>601 So Green St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Theodisia</u> c. (Last) <u>Flinn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/10/1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Middeltown Ohio</u>	
13a. FATHER'S NAME <u>Calvin DePuy</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Franklin Flinn</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 ADDRESS <u>Dorothy Maddux Lee's Summit Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Breast</u>		ANTECEDENT CAUSES <u>with metastasis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>170X</u>	

19a. DATE OF OPERATION <u>1946</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>				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 Sept. 19, 1946, to Nov. 20, 1951, that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clint Miller M.D.</u> (Degree or title)		23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED <u>11.20.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/23/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>			

DATE REC'D BY LOCAL REG. <u>11/23/51</u>		REGISTRAR'S SIGNATURE <u>Donald E. ...</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee's Summit Mo.</u>	
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DEC 4 RECD

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.

Signed _____

M. B. Langford

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3823

P. O. Address _____

Leis Summit Pa

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.