

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5315

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5386 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural -Norman typ</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Norman typ</u> | |
| c. LENGTH OF STAY (In this place) <u>5 yr s</u> | | 0339 | |
| d. FULL NAME OF (If not in hospital institution, give street address or location) HOSPITAL OR INSTITUTION <u>xxxx</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural North of Salem</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>BENJAMIN</u> | b. (Middle) <u>HARRISON</u> | c. (Last) <u>FLATT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 19, 1953</u> |
| 5. SEX <u>Male 0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u> | 8. DATE OF BIRTH <u>Mar 23 1892</u> | 9. AGE (In years last birthday) <u>61</u> |
| 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 <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo 0</u> | 12. CITIZEN OF WHAT COUNTRY? |

| | | |
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| 13a. FATHER'S NAME <u>Andrew Flatt</u> | 13b. MOTHER'S MAIDEN NAME <u>Evelyn Thorpe</u> | 14. NAME OF HUSBAND OR WIFE <u>Zoe Martin Flatt</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>478-03-0299</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zoe Martin Flatt</u> | ADDRESS <u>Salem Mo</u> |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, arterial sclerosis.</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) (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 July 6, 1952, to Feb 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 12:10 Am., from the causes and on the date stated above.

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|---|----------------------------------|------------------------------------|
| 23a. SIGNATURE <u>Richard E. Myers M.D.</u> (Degree or title) | 23b. ADDRESS <u>Newburg, Mo.</u> | 23c. DATE SIGNED <u>Feb 20, 53</u> |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>2/21/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>2-21-53</u> | REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u> | FEDERAL DIRECTOR'S SIGNATURE <u>Carl D. Spencer</u> | ADDRESS <u>Salem Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

330

MAR 20 1953

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 Carl W. Lyman

Licensed Embalmer No. 2370

P. O. Address Salem 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.