

STANDARD CERTIFICATE OF DEATH

State File No. 148934

FILED MAY 7 1953

REGISTRAR'S No. 2801

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2801		State File No. 148934		REGISTRAR'S No. 2801						
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived immediately before death) a. STATE MISSOURI b. COUNTY JASPER										
b. CITY OR TOWN Joplin				c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Joplin 0495								
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (if rural, give location) 1603 W-1st. 8										
3. NAME OF DECEASED (Type or Print) DAN FLANEY			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4-28-53		
5. SEX MALE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9/4/1868		9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) MERCHANT-GROCERY-RETIRED				10b. KIND OF BUSINESS OR INDUSTRY WRIGHT CO.				11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME DAN FLANEY				13b. MOTHER'S MAIDEN NAME NOVA				14. NAME OF HUSBAND OR WIFE MATILDA FLANEY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME James M. Flaney (son)								ADDRESS 97 AND		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 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 4 days 5 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200										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)		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 Oct 29, 1951 , to April 28, 1953 , that I last saw the deceased alive on April 28, 1953 , and that death occurred at 6:40 a.m. , from the causes and on the date stated above.														
23a. SIGNATURE John W. Kordeur (Degree or title) MD				23b. ADDRESS Trussco Bldg Joplin Mo.				23c. DATE SIGNED 4-29-53						
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/30/53		24c. NAME OF CEMETERY OR CREMATORY CANTERVILLE CEM.			24d. LOCATION (City, town, or county) (State) CANTERVILLE MO							
DATE REC'D BY LOCAL REG. 4-30-53		REGISTRAR'S SIGNATURE Ed S. Flaney 138-9			25. FUNERAL DIRECTOR'S SIGNATURE WILBUR GLOYER MORT.			ADDRESS						

(Licensed Embalmer's Statement on Reverse Side)

422 59X

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

Kordeur

495
0

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-378
Date Filed 5-6-53

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

Signature *Elmer M. Dungey*.....

Licensed Embalmer No. 3566

P. O. Address *Joplin 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.