

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24784**
3498

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 9 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location) Route #1		

3. NAME OF DECEASED (Type or Print) a. (First) Margie b. (Middle) H. c. (Last) FLYNN			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-3-99	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Derby		13b. MOTHER'S MAIDEN NAME Ellen Whetstone		14. NAME OF HUSBAND OR WIFE John J. Flynn	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 105-03-5202	17. INFORMANT'S SIGNATURE OR NAME John J. Flynn, Rt. #1, Hickman Mills, Mo.			ADDRESS
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA			INTERVAL BETWEEN ONSET AND DEATH 3 YRS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF BREAST			
		DUE TO (c)			170^h
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-9, 1953, to 7-14, 1953, that I last saw the deceased alive on 7-13, 1953 and that death occurred at 11:05 AM., from the causes and on the date stated above.

23a. SIGNATURE J. S. Cope (Degree or title) MD	23b. ADDRESS Kansas City, Mo	23c. DATE SIGNED 7-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 7-14-53	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 28 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 _____

Kevin R. Arnold

working under my personal supervision.

Student Embalmer No. *460*

Signed... *Kevin R. Arnold*
Student Embalmer

Signed... *Gene E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.