

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42112**

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1288	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (If this place) 65 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1225 North 10th Street				d. STREET ADDRESS (If rural, give location) 1225 North 10th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Holland c. (Last) Flanagan			4. DATE OF DEATH (Month) (Day) (Year) December 9th 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 13-1877	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 YRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home.		11. BIRTHPLACE (State or foreign country) Nashville, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Patrick Holland			13b. MOTHER'S MAIDEN NAME Ann Manion		14. NAME OF HUSBAND OR WIFE Thomas J. Flanagan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS Mrs. F. J. Berney, (Daughter) 1225 No 10th			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver					INTERVAL BETWEEN ONSET AND DEATH 7 months
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. as above					2 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561					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) (Min.)		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 9/13 19 53 , to Dec 9 , 19 53 , that I last saw the deceased alive on Dec 9 , 19 53 , and that death occurred at 11:55 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank W. Anderson M.D.			23b. ADDRESS St. Joseph, Mo. 670. Florence St.		23c. DATE SIGNED 12/10/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Dec. 11th 1953		24c. NAME OF CEMETERY OR CREMATORY, Mount Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Dec 15, 1953		REGISTRAR'S SIGNATURE Ethan M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 485 S. Meierhooffer & Fleeman St. Joseph, Mo.			

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

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 Edward E. Harrington

Licensed Embalmer No. # 3258

P. O. Address St. Joseph, Missouri.

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.