

FILED AUG 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 26746

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5394 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-MERAMEC	c. LENGTH OF STAY (in this place) 2YR 3M 3D	c. CITY OR TOWN RURAL-MERAMEC	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		e. STREET ADDRESS (If rural, give location) ROUTE 1 - ST. JOSEPH'S HILL INF.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) J.	c. (Last) FLANNAGAN	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 5 1955
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5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 12 1884 71	9. AGE (In years) (last birthday) Months Days IF UNDER 1 YEAR IF UNDER 2 HRS. 71
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - LABORER - STABLE GROOM	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PORTLAND, MAINE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN H. FLANNAGAN	13b. MOTHER'S MAIDEN NAME FRANCES BAILEY	14. NAME OF HUSBAND OR WIFE SINGLE
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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) No	16. SOCIAL SECURITY NO. 49428100	17. INFORMANT'S SIGNATURE OR NAME PRO. KOCH	ADDRESS ST. JOSEPH'S HILL EUREKA MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO-VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEAT EXHAUSTION		
	DUE TO (c) 443X		
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 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) 050
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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?
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22. I hereby certify that I attended the deceased from **5/2 1953**, to **8/5 1955**, that I last saw the deceased alive on **8/5 1955**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS NORMANDY 4392 RILAND DR. 21, MO.	23c. DATE SIGNED 8/5/55
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial	24b. DATE 8/8/55	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S HILL INF. CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON - MERAMEC - MO.
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DATE REC'D BY LOCAL REG. Aug 6, 1955	REGISTRAR'S SIGNATURE Ruth Jirsa 438	25. FEDERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Home Springs Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

5000 4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 10 1955

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. *114*

P. O. Address *Harold Sp...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.