

FILED NOV 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 33042

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Iron County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 224 W. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Alberta b. (Middle) Elizabeth c. (Last) Flynn			4. DATE OF DEATH (Month) (Day) (Year) 10 12 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-14-1907
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR (Months) (Days) 8 28	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10b. KIND OF BUSINESS OR INDUSTRY paint store	11. BIRTHPLACE (State or foreign country) Nashville, Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME William A. Brown		13b. MOTHER'S MAIDEN NAME Elizabeth Borwn	14. NAME OF HUSBAND OR WIFE Henry J. Flynn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Henry J. Flynn ADDRESS Potosi, Mo
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) Hemolytic jaundice ANTECEDENT CAUSES acute gastric hemorrhage Morbid 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. secondary anemia 2922	
INTERVAL BETWEEN ONSET AND DEATH 1 wk. 4 days		?	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 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 10-7 , 19 55 , to 10-12 , 19 55 , that I last saw the deceased alive on 10-12 , 19 55 , and that death occurred at 5:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE R. E. Farland, M.D. (Degree or title)		23b. ADDRESS Ironton, Mo	23c. DATE SIGNED 10-14-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-14-1955	24c. NAME OF CEMETERY OR CREMATORY St James Cemetery	24d. LOCATION (City, town, or county) (State) Potosi, Mo
DATE REC'D BY LOCAL REG. 10-17-55	REGISTRAR'S SIGNATURE Miss Avis Jones	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Smith ADDRESS Potosi, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 Mary M Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.