

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

36837

4768

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>				a. STATE <b>Missouri</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>				c. LENGTH OF STAY (in this place) <b>26yrs</b>		b. COUNTY <b>Jackson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>				c. CITY OR TOWN <b>Kansas City</b>			
				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				e. STREET ADDRESS (If rural, give location) <b>409 Tracy</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>BERT</b>			b. (Middle) <b>FLACK</b>			c. (Last) <b>FLACK</b>	
			4. DATE OF DEATH			5. 1955	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2-2-02</b>	
				9. AGE (in years last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days	
				IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Transport - truck</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Council Bluffs, Iowa</b>	
						12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Levi Flack</b>			13b. MOTHER'S MAIDEN NAME <b>Nora Jane Harper</b>			14. NAME OF HUSBAND OR WIFE <b>Julia Flack</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>495-10-2094</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Julia Flack</b>	
						ADDRESS <b>409 Tracy Kansas City Mo.</b>	
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lip with metastasis</b>							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
<b>1901</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>2-9-55</u> , 19 <u>55</u> , to <u>11-5-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>55</u> , and that death occurred at <u>12:50a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns</b>					23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>11-6-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 7, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-6-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>		
					ADDRESS <b>Funeral Home Kansas City Mo</b>		

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.....  
Signature of Student Embalmer

Signed *J. Vigil Herrick*

Licensed Embalmer No. *3581*

P. O. Address *K C M*

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.