

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37699

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
STREET ADDRESS 605 West 7th		(If rural, give location) 08040			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EDWARD c. (Last) FLASPOHLER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1955		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 11, 1913		9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop. Hobby shop			10b. KIND OF BUSINESS OR INDUSTRY Retail merchant			11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Frank E. Flaspohler			13b. MOTHER'S MAIDEN NAME Margaret Neville			14. NAME OF HUSBAND OR WIFE Nadine Shinkle		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 495-36-6812		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Flaspohler, Sedalia, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION - I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis						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) _____ DUE TO (c) Rheumatoid arthritis							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia							

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)	
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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?	
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22. I hereby certify that I attended the deceased from 11-9, 1955, to 11-18, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 9:25P m., from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Stauffer MD			23b. ADDRESS Sedalia Mo			23c. DATE SIGNED 11-18-55		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri			
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DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE Lewina Coontz Gandy			25. FUNERAL DIRECTOR'S SIGNATURE Marion Gandy			ADDRESS Sedalia, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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. 52 working under my personal supervision..

Student Donald R. Bellman
Signature of Student Embalmer

Signed James Ewing

Licensed Embalmer No. 38

P. O. Address State

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.