

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9458**BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present.) a. STATE Missouri ; b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 20 YRS	c. CITY OR TOWN JOPLIN
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		STREET ADDRESS (If rural, give location) 909 N. LAURETH	

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) PEARL c. (Last) FLINT			4. DATE OF DEATH (Month) (Day) (Year) MAR 8 1956		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 14, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working years, even if retired) CEMENT P. WISHER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) RICHARDSON CO., NEB.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME HARVEY FLINT		13b. MOTHER'S MAIDEN NAME LUTECIA EVERETT		14. NAME OF HUSBAND OR WIFE GEORGIA E. FLINT			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS GEORGIA E. FLINT		ADDRESS JOPLIN	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive heart failure				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) arteriosclerosis, heart disease				2 yrs	
		DUE TO (c) pulmonary emphysema				10 yrs	
		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 4200				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) _____				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 Jan 1956, to 8 Mar 1956, that I last saw the deceased alive on 3 Mar 1956, and that death occurred at 7:35 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ormond R. Patterson, MD		23b. ADDRESS 811 7th Ave Bldg Joplin		23c. DATE SIGNED 3-10-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 10, 1956		24c. NAME OF CEMETERY OR CREMATORY OSZARK MEM. PARK		24d. LOCATION (City, town, or county) (State) JOPLIN Mo	
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DATE REC'D BY LOCAL REG. 3-14-56		REGISTRAR'S SIGNATURE Noel Merriam		25. FUNERAL DIRECTOR'S SIGNATURE HURLBUT GLOVER		ADDRESS JOPLIN	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Jasper County Health Office
County File Number 5-6-3-237
Date Filed MAR 19 1956

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 Dale George.....

Licensed Embalmer No. 45.....

P. O. Address Joplin.....

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