

FILED JUN 13 1956

STANDARD CERTIFICATE OF DEATH

16352 State File No. 2170

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2170

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>512 Woodland 3108</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Desda</u> b. (Middle) _____ c. (Last) <u>Flynn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-56</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-14-1885</u>	9. AGE (In years last birthday) <u>70</u> F UNDER 1 YEAR Months _____ Days _____ F UNDER 6 HRS. Hours _____ Mins. _____
----------------------	-------------------------------	--	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales lady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	--

13a. FATHER'S NAME <u>Robert Markham</u>	13b. MOTHER'S MAIDEN NAME <u>Cora "Unk"</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Flynn</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>C. R. Anderson</u> ADDRESS <u>4243 Cypress, S. L. Mo.</u>
---	-------------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>3 yrs</u>
	DUE TO (c) _____			<u>4500</u>
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 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) _____	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 4-1-56, to 5-18-56, that I last saw the deceased alive on 5-18-56, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Paul Louieyann M.D.</u>	23b. ADDRESS <u>428 S. white Ave</u>	23c. DATE SIGNED <u>5-18-56</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>5-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-19-56</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Weirich</u> ADDRESS <u>L. C. L. Mo.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Frank Paul Louieyann

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..... *B. E. Weiland*

Licensed Embalmer No... *40*

P. O. Address... *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.