

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26231**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **390**

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

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY Union | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau City | c. LENGTH OF STAY (in this place) 30 min | c. CITY OR TOWN Cobden | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 30 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Arts Bldg. | | e. STREET ADDRESS (If rural, give location) Rural Rt. 1 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Lennord b. (Middle) Lewis c. (Last) Flamm | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 23, 1956 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec 12, 1895 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Days 8 IF UNDER 24 HRS. Hours 11 Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Cobden Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Adolph Flamm | 13b. MOTHER'S MAIDEN NAME Stephanie Pizler | 14. NAME OF HUSBAND OR WIFE Alberta Bade Flamm |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Veronica Flamm ADDRESS Cobden, Ill. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) Coronary insufficiency | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) 4201 |
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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 **7-26, 1956**, to **8-23, 1956**, that I last saw the deceased alive on **8-23, 1956**, and that death occurred at **2:45 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Godon M. Munnely, M.D. | 23b. ADDRESS Cape Girardeau, Mo | 23c. DATE SIGNED 8-24-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 23 - 1956 | 24c. NAME OF CEMETERY OR CREMATORY St. Josephs | 24d. LOCATION (City, town, or county) (State) Cobden Ill |
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| DATE REC'D BY LOCAL REG. 8-25-56 | REGISTRAR'S SIGNATURE W. C. Summers | 25. FUNERAL DIRECTOR'S SIGNATURE Blake Broadway Funeral Home ADDRESS Cobden Ill. |
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(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1958

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. ~~4997~~ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Grosshneider*.....
Licensed Embalmer No. 4997

P. O. Address *Cape Girardeau*.....

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.