

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 021474  
State File No.Nicksou  
FILED JUN 20 1957  
BIRTH MO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 249

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>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1219 Glenwood</u>		e. STREET ADDRESS (If rural, give location) <u>1219 Glenwood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fanis</u> b. (Middle) <u>Phidella</u> c. (Last) <u>Fly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 31, 1869</u>
9. AGE (in years) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rubber Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Butterfield, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John P. Fly</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Woodard</u>	14. NAME OF HUSBAND OR WIFE <u>Lulu Fly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lulu Fly 1219 Glenwood</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Hypertension &amp; Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks -</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> <u>Several yrs.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Injury of feet</u>  3-4 wks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>440X</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to <u>June 6, 1957</u> , that I last saw the deceased alive on <u>June 5, 1957</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Nickson Jr. M.D.</u>		23b. ADDRESS <u>Independence Mo 6-10-57</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 10, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wt. Washington Cem. Kansas Ck. Mo</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGS. <u>6-10-57</u>	REGISTRAR'S SIGNATURE <u>James H. Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilton L. Kopy - Judge Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William L. Kapley*.....

Licensed Embalmer No. *4225*

P. O. Address *Shelby*

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.