Health, & Welfare Public Service

. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Harold Passman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35798

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4580

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in 1b 73 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3726 Virginia — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First John Middle JOSEPH Last Flanigan

4. DATE OF DEATH Month October Day 1 Year 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH 10-1-84

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME DAVID FLANIGAN

13b. MOTHER'S MAIDEN NAME MARY ELIZABETH PRICE

14. NAME OF HUSBAND OR WIFE MRS. CARRIE FLANIGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-09-8475

17. INFORMANT MRS. MARY FLOYD — Address 3726 VIRGINIA AVENUE KANSAS CITY MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction acute involving the Left Ventricular wall, & septum.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Occlusion, total, arteriosclerotic.

DUE TO (c) Chronic passive hyperemia Liver, kid, lungs. — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 30, 1957 Oct 1, 1957 and last saw him alive on Sept 30, 1957

Death occurred at 3:40 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Harold Passman (Degree or title) MD

22b. ADDRESS 701 E63

22c. DATE SIGNED 10-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Oct. 3. 1957

23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 10-3-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP

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 Robert Ray

Licensed Embalmer No. 4182

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.