

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1958

State File No. **44190**

0450

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4228** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow		c. CITY OR TOWN Glasgow	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 Commerce St.		e. STREET ADDRESS (If rural, give location) Commerce St. 0450	
3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) HENRY (Last) Flaspohler		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By Whom) Married	8. DATE OF BIRTH Oct. 12, 1885
9a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Abolt Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Flaspohler	
13b. MOTHER'S MAIDEN NAME Dora Haskell		14. NAME OF HUSBAND OR WIFE Mrs. Brenna Heying Flaspohler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. H. Flaspohler		17. ADDRESS Glasgow Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2001	
19a. DATE OF OPERATION 10-9-55		19b. MAJOR FINDINGS OF OPERATION Supraclavicular node biopsy - "malignant lymphoma, lymphocytic type"	
20. AUTOPSY? 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) (Min.)		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 3-14, 1955 to 12-12, 1957 , that I last saw the deceased alive on 12-12, 1957 , and that death occurred at 10:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William C. Allen M.D.		23b. ADDRESS Glasgow Mo.	
23c. DATE SIGNED 12-16-57		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Washington	
24d. LOCATION (City, town, or county) (State) Glasgow Mo.		DATE REC'D BY LOCAL REG. 12-16-57	
REGISTRAR'S SIGNATURE Walker Audsley		FUNERAL DIRECTOR'S SIGNATURE Audsley-Fremont	
ADDRESS Glasgow Mo.		ADDRESS Glasgow Mo.	

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 *W. H. Friemuth*.....

Licensed Embalmer No. *3978*.....

P. O. Address *Glasgow 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.