

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047158

STATE FILE NUMBER

6259

FILED JAN 19 1959

Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

300
-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR KRSTWOOD Medical Hosp. INSTITUTION <u>ART & TRACY</u>		Length of stay in lb <u>61 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>1420 Prospect</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>John</u> Last <u>O'FLYNN</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>30</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 22, 1869</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	11. BIRTHPLACE (City and state or country) <u>Clear Lake, Arkansas</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorating</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John O'Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY H. O'FLYNN</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-16-8869A</u>	17. INFORMANT Address <u>MRS MARY H O'FLYNN 1420 Prospect</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442x</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <u>12-15-58</u> to <u>12-28-58</u> and last saw him alive on <u>12-28-58</u> Death occurred <u>at St. Louis Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas. C. Montgomery, M.D.</u> (Degree or title)		22b. ADDRESS <u>306-E 12-1 C. C. MO</u>	22c. DATE SIGNED <u>2-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>JAN. 2, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CREMATORY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Missouri</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>8800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>1-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Chas. C. Montgomery

MEDICAL CERTIFICATION

Class. C.
Dr. Montgomery
12th & Pine - W.C.,
Angyle Bldg. Office - Vi. 7-5335
Residence - 4508 Nichols Hwy - WE-1-8095

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 R. P. Nichols

Licensed Embalmer No. 4997
P. O. Address W. C. Md.

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.