

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001778

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 4

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Webb City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 418 N. Ball		d. STREET ADDRESS (If outside, give location) 418 N. Ball	
Length of stay in lb 40 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mattie Lavinia Flaherty			4. DATE OF DEATH Month Day Year January 4, 1959		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 17, 1883	9. AGE (In years last birthday) 75	10. F UNDER 1 YEAR Months Days	11. F UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	--------------------------------------	---------------------------------------	-----------------------------------	-----------------------------------

10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Retired cook	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Barry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME J. D. Long	13b. MOTHER'S MAIDEN NAME Martha Dennis	14. NAME OF HUSBAND OR WIFE
----------------------------------	--	-----------------------------

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. 499-07-6860A	17. INFORMANT Victor Flaherty	Address Webb City Missouri
---	---	----------------------------------	-------------------------------

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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH 24 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <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.) 4261
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>1/3/59</u> to <u>1/11/59</u> and last saw her/him alive on <u>1/11/59</u> Death occurred at <u>10:20 PM 1/11/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <u>P.B. Munson, D.O.</u>	22b. ADDRESS Webb City, Missouri	22c. DATE SIGNED 1-6-59
--	-------------------------------------	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-7-1959	23c. NAME OF CEMETERY OR CREMATORY Carterville	23d. LOCATION (City, town, or county) (State) Carterville Missouri
---	-----------------------	---	---

24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-7-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
---	---------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P.B. Munson-D.O.

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

*Richard H. Jones*

Licensed Embalmer No. ....

*4403*

P. O. Address .....

*Walt City*

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.