Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004569
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McMillian Nursing Home 611 No. 11th — Length of stay in lb 40 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1107 Church — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ANNASTASIA Middle Last FLANAGAN

4. DATE OF DEATH Month Day Year February 17, 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH July 6, 1866

9. AGE (In years last birthday) 92 — 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Doniphan Co. Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Flanagan

13b. MOTHER'S MAIDEN NAME Mary Jane Woods

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT Evelyn Flanagan — Address St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Unk.
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) 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1/16/59, to 2/17/59 and last saw her alive on 2/17/59
Death occurred at 8:55p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. E. Meluney M. D.

22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.

22c. DATE SIGNED 2/18/59

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

23b. DATE Feb. 20, 59

23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery

23d. LOCATION (City, town, or county) (State) Easton, Mo.

24. FUNERAL DIRECTOR H. O. Sidenfader & Son R.L.Y. — ADDRESS St Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Feb. 25, 1959

26. REGISTRAR'S SIGNATURE Mrs. Clarke Gardell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. S.E. Meluney

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 L. Gaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.