

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013288

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1815

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>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSP.</u>		Length of stay in lb <u>50 YRS.</u>	
d. STREET ADDRESS <u>4215 So. BENTON BLVD.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HOWARD</u> Middle <u>G.</u> Last <u>FLURY</u>			4. DATE OF DEATH Month <u>MAR.</u> Day <u>27</u> Year <u>1959</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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. 31-1887</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>11</u> Hours <u>15</u> Min. <u>00</u>	11. UNDER 24 HRS Hours <u>15</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STRUCTURAL ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL CO. HAVENS STRUCTURAL</u>	11. BIRTHPLACE (City and state or country) <u>LEAVENWORTH, KAN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GODFREY FLURY</u>	13b. MOTHER'S MAIDEN NAME <u>ELNETTA SCHAFER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. HAZEL FLURY</u>
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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>486-09-1197</u>	17. INFORMANT <u>RICHARD W. FLURY</u>	Address <u>PRAIRIE VILLAGE, KAN.</u> <u>7341 CENTERBURY</u>
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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>Post surgical shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>about 1 year</u> <u>about 2 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma of Sigmoid colon</u>	
	DUE TO (c) <u>and metastatic.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Surgery on 3-24-1959</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>1533</u>
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20c. TIME OF INJURY Hour <u>11</u> a.m. <u>00</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>KANSAS CITY</u>	COUNTY <u>MISSOURI</u>	STATE <u>MISSOURI</u>
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21. I attended the deceased from <u>Mar 1 - 1959</u> to <u>Mar. 27-1959</u> and last saw <sup>him</sup> alive on <u>Mar 27-1959</u> Death occurred at <u>5:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>H.E. Schoen</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>3915 Main Kansas City Mo</u>	22c. DATE SIGNED <u>3-28-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 30, 1959</u>	23c. NAME OF CEMETERY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS - KANSAS CITY, MO.</u>	1331 BRUSH CREEK BLVD.	25. DATE RECD. BY LOCAL REG. <u>3-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Irlva Marshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

H. E. Schoen

All diseases in Part I must be causally related.

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. J. Nelson* .....

Licensed Embalmer No. *4421* .....

P. O. Address *Kansas 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.