

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018426
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 155

300
1-57

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR HANNIBAL TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RURAL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPT		Length of stay in 1b 11 DAYS	d. STREET ADDRESS (If outside, give location) 069 0 MONROE CITY Rt 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle LEO Last FLANNIGAN			4. DATE OF DEATH Month MAY Day 24th Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 22. 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) MONROE CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MICHAEL FLANNIGAN		13b. MOTHER'S MAIDEN NAME ELLEN CAUGHLIN	
14. NAME OF HUSBAND OR WIFE AGNESS FLANNIGAN		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. 494-44-6205		17. INFORMANT Mrs Agnes Flannigan Address Monroe City, 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) Combat Traubosis Arterial DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Territorial Trauma & Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 12 days
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 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 5-1-59 to 5-24-59 and last saw him alive on 5-24-59 Death occurred at 9.45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) 0		22b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.	
22c. DATE SIGNED 5-25-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 27th 1959	
23c. NAME OF CEMETERY OR CREMATORY HOLYROSARY CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MO	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 5-27, 1959	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., may use only standard nomenclature in item 18. No symptoms will be listed. 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Wilson.....

..... Licensed Embalmer No. 3014
P. O. Address Home St.....

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.