

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021961

STATE FILE NUMBER

FILED JUL 6 1959 Registration District No. 162 Primary Registration District No. 5593 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) ROCK TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FLAMM CITY MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FLAMM CITY		Length of stay in lb 70 YRS		d. STREET ADDRESS (If outside, give location) V.V. HIGHWAY	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last FRED FLAMM			4. DATE OF DEATH Month Day Year JUNE 14 1959		
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 MAY 11, 1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER & BUILDER		11. BIRTHPLACE (City and state or country) NEAR BECK MO	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME FREDERICK FLAMM		13b. MOTHER'S MAIDEN NAME HENREITTER DORNSEIF	
14. NAME OF HUSBAND OR WIFE LIZZIE FLAMM		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. 497 44 1109	
17. INFORMANT MRS FRED FLAMM		Address ARNOLD MO			

18. CAUSE OF DEATH (Enter only one cause prevailing for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma (Sarcomatoid) Primary Bronch</i>		INTERVAL BETWEEN ONSET AND DEATH
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.) 151X
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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.) Imperial Jefferson Mo	20f. CITY, TOWN, OR LOCATION Imperial Jefferson Mo	COUNTY Jefferson	STATE MO
21. I attended the deceased from 3:20 2/15/59 to 6/14/59 and last saw her alive on 6/14/59 Death occurred at 3 AM on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>A Reich MD</i>	(Degree or title)	22b. ADDRESS Imperial, Mo	22c. DATE SIGNED 6/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 17 1959	23c. NAME OF CEMETERY OR CREMATORY BECK LUTHERAN	23d. LOCATION (City, town, or county) (State) BECK MO
24. FUNERAL DIRECTOR HEILIGTAG	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 6-17-59	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

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SEP 3 1959

FILE RECEIVED
JUL 2 1959

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.