

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031815

FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
Length of stay in 1b 50 years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 526 Locust Street		d. STREET ADDRESS (If outside, give location) 526 Locust Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MILD A Middle DUNCAN Last FLAX			4. DATE OF DEATH Month Sept Day 26th Year 1959		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Febr 11 19 80	9. AGE (last birthday) Months Days Hours Min.	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Cole County, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Alexander Duncan		13b. MOTHER'S MAIDEN NAME Aldene Brown	
14. NAME OF HUSBAND OR WIFE Albert Flax, Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Lewis Strickland, Kansas 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) Ventricular Fibrillation			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic auricular fibrillation			1 yr.
DUE TO (c) Congestive heart disease			5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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					
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		COUNTY	STATE

21. I attended the deceased from May 31, 1958 to Sept 19, 1959 and last saw her alive on Sept 19, 1959
Death occurred at 1:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William A. Ross Do.	22b. ADDRESS 500 Lafayette Jefferson City, Missouri	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 29th 1959	23c. NAME OF CEMETERY OR CREMATORY Grandell Cemetery	23d. LOCATION (City, town, or county) Jefferson City, Mo. (State)
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24. FUNERAL DIRECTOR Robnson Service, Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG. 29 September 1959	26. REGISTRAR'S SIGNATURE R.P. Norris, M.D. Richter
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald P. Stearns

Body partially embalmed due to advanced
decomposition.

Licensed Embalmer No. 4623

P. O. Address James

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.