

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

60-009601 STATE FREE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>29 years</u>	c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>301 1/2 West Austin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>301 1/2 West Austin</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Inez</u> Middle <u>Viola</u> Last <u>Flynn</u>			4. DATE OF DEATH Month <u>February</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/23/1898</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dying most of working life, even if retired) <u>Beauty Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hairdressing</u>	11. BIRTHPLACE (City and state or county) <u>Jamesport Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Gillette</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Dwight L. Flynn</u>	
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>491-05-8585</u>	17. INFORMANT <u>D. L. Flynn 301 1/2 W. Austin Nevada, Mo.</u> Address		
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>Massive Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>One hour.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
DUE TO (c) <input checked="" type="checkbox"/>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/> <u>none</u>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	20f. CITY, TOWN, OR LOCATION <u>Nevada</u>	COUNTY <u>Vernon</u>	STATE <u>Mo</u>	
21. I attended the deceased from <u>Feb 13-60</u> to <u>Feb 13-60</u> and last saw her alive on <u>Feb 13-1960</u> Death occurred at <u>1:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. LOVE MAE</u> (Degree or title)			22b. ADDRESS <u>Nevada Mo</u>		22c. DATE SIGNED <u>2/15/60</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/15/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	23d. LOCATION (City, town, or county) <u>Nevada Missouri</u>		
24. FUNERAL DIRECTOR <u>Eichinger Funeral Home Nevada Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-18-1960</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Jerrys</u>		

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

Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, N

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.