

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-018290

STATE FILE NUMBER

FILED VS MAY 23 1960

Registration District No. 14 Primary Registration District No. 5064 Registrar's No. 10

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vermon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Leloy</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #	c. CITY OR TOWN <u>Garland Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at</u>		Length of stay in lb	d. STREET ADDRESS <u>RR 2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Roy Andrew Flagg</u>			4. DATE OF DEATH Month Day Year <u>May 15, 1960</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>o</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 9, 1914</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Otto Lambert Flagg</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Viola Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>54-12-0619</u>	17. INFORMANT Address <u>Verlin Flagg, Bro., RR2 Garland, Mo</u>
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>Skull fracture of Bachel Injury</u> DUE TO (b) <u>Stroke by car</u> DUE TO (c) <u>X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Suble</u>
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 checked="" 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>Injuring Rt. when struck by car</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>1 mi. N. W. of Garland, Barton, Missouri</u>		
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>1 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence H. Chle</u> (Degree or title) <u>Coroner 3</u>		22b. ADDRESS <u>Barton Mo</u>	
22c. DATE SIGNED <u>May 18, 1960</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>May 17, 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>U. S. National</u>	23d. LOCATION (City, town, or county) (State) <u>Fort Scott, Bourbon, Mo</u>
24. FUNERAL DIRECTOR <u>C. E. Huffline</u> ADDRESS <u>C. E. Huffline, Garland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 20 1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>

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VS MAY 24 1960

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
E. C. Huffine

Licensed Embalmer No. 2030

P. O. Address Garland, Kansas

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.