

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019185

FILED VS MAY 25 1960 139

Primary Registration District No. 40227

Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Holt			
b. CITY (If outside corporate limits, give TOWNSHIP only) Craig		Length of stay in 1b 10 years		c. CITY OR TOWN Craig		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Craig, Mo			d. STREET ADDRESS (If outside, give location) _____		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Frank Alexander Flanagan				4. DATE OF DEATH Month May Day 15 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/29/1888	
9. AGE (last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY On farm		11. BIRTHPLACE (City and state or country) Fairfax, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY On farm		11. BIRTHPLACE (City and state or country) Fairfax, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Boyd Flanagan			13b. MOTHER'S MAIDEN NAME Mary Scott			14. NAME OF HUSBAND OR WIFE Maggie Flanagan	
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. 491-30-8566		17. INFORMANT Velva Ballou - Partille, 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) UNKNOWN DUE TO (b) HE WAS RECEIVING TREATMENTS FOR A HEART AILMENT AT TIME OF HIS DEATH. DUE TO (c) _____ 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							
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 _____ 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 bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from No to _____ and last saw her/him alive on _____ Death occurred at APPROXIMATELY 1 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H.E. Collier, D.O., CORONER HOLT.				22b. ADDRESS REGON MO.		22c. DATE SIGNED 5/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/17/60		23c. NAME OF CEMETERY, OR CREMATORY English Grove		23d. LOCATION (City, town, or county) (State) Fairfax, Mo.	
24. FUNERAL DIRECTOR Wilber L. Schoole - Craig Mo.				25. DATE RECD. BY LOCAL REG. 5/18/1960		26. REGISTRAR'S SIGNATURE James H. Crawford	

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 me
or by Myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schoolev

Licensed Embalmer No. 3997

P. O. Address Craig, Mo

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.