IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-030542

STATE FILE NUMBER

FILED VS SEP 6 1960 / 149 Registration District No. Primary Registration District No. 1002 Registrar's No. 4300

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4319 E. 7th. St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: MR. MICHEAL Middle: JOSEPH Last: FLANIGAN

4. DATE OF DEATH Month: Aug. Day: 21, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 1-15-1878
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (City and state or country): Bloomington, Illinois U.S.A.
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Nellie A. Flanigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT Address: Mrs. Alice Kennels-6032 Delmar

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1953 to 8-21-1960 and last saw ~~her~~ him alive on 8-21-60
Death occurred at 5:10 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy F. Drake M.D. (Degree or title)
22b. ADDRESS Prof Building K.C. Mo
22c. DATE SIGNED 8-22-60

BY AFFIDAVIT OF Roy F. Drake

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-24-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar-1800 E. Linwood Blvd.
25. DATE RECD. BY LOCAL REG.: 8-22-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr. Roy
Prog. 3
BA 1-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by Lloyd F. Dieckman, Student Embalmer No. 60

working under my personal supervision.

Student Lloyd F. Dieckman
Signature of Student Embalmer

Signed James E. Hockler

Licensed Embalmer No. 457

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.