

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038728

FILED VS. NOV 2 1960

156

Registration District No. _____ Primary Registration District No. 2001

Registrar's No. 509

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COLORADO COUNTY DENVER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN	Length of stay in 1b 1 DAY	c. CITY OR TOWN DENVER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 601 S. LINCOLN ST.

3. NAME OF DECEASED (Type or print) First JAMES Middle MARTIN Last FLANERY			4. DATE OF DEATH Month OCTOBER Day 28 , Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1901	9. AGE (last birthday) 58	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) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY APPLIANCE		11. BIRTHPLACE (City and state or country) WRIGHT COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME DAN FLANERY	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE MARGARET FLANERY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. UNK
17. INFORMANT DAU- Address MRS. ROBERT PFLUG, 1801 KENTUCKY,		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Artery Disease since 3-15-60 DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		JOPLIN INTERVAL BETWEEN ONSET AND DEATH 45 minutes
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 JOPLIN	COUNTY JOPLIN
20f. STATE MO.		21. I attended the deceased from 25 years ago to 10-28-60 and last saw her 10-28-60 live on Death occurred at 1:45 on 10-28-60 at A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) J. R. Kuhn, Jr., M.D.		22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.		22c. DATE SIGNED 10-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-29-60	23c. NAME OF CEMETERY OR CREMATORY OSBORNE GEARK MEMORIAL PARK	23d. LOCATION (City, town, or county) JOPLIN, MO.		
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-29-1960		26. REGISTRAR'S SIGNATURE Dove Merriam	

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 Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.