

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008029

FILED VS MAR 16 1961

STATE FILE NUMBER

Registration District No. 1672 Primary Registration District No. 4134 Registrar's No. 44

AMENDED

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville Length of stay in 1b 5 days

c. CITY OR TOWN Plattsburg Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) R. F. D. 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Hugh Franklin Flood

4. DATE OF DEATH Month Day Year
March 8 1961

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 7/28/1908

9. AGE (last birthday) 52

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Caldwell County, Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Thomas Flood

13b. MOTHER'S MAIDEN NAME Ellen Winifred Golden

14. NAME OF HUSBAND OR WIFE Mary Margaret Flood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes W. W. 2

17. INFORMANT Address Mary Margaret Flood, Plattsburg, 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) myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 2 da
5 yrs

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 July 1956 to Mar 1961 and last saw him alive on Mar 8, 1961
Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Childs M.D. 22b. ADDRESS Smithville, Mo 22c. DATE SIGNED 3-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/11/1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri

24. FUNERAL DIRECTOR ADDRESS Lyon Funeral Home, Inc, Plattsburg, Mo. 25. DATE RECD. BY LOCAL REG. 3-10-61 26. REGISTRAR'S SIGNATURE Marquette Hudgens

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ BY AFFIDAVIT OF

MAR 21 1961

NOV 29 1961

VS MAR 20 1962

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 Philip E. Cook

Licensed Embalmer No. 4993

P. O. Address Lawrence, 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.