MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-008769
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1076

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RR#3 Kansas City, Mo. Length of stay in 1b 5 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JACKSON
c. CITY OR TOWN BUCKNER Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) CENTRAL & ADAMS Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dasha Middle May Last Flynn
4. DATE OF DEATH Month 2 Day 27 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-29-1894
9. AGE (last birthday) 66
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) Cook
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) HOLLISTER ~~Bucklin, Mo.~~ Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BUD LIEUALLEN
13b. MOTHER'S MAIDEN NAME MARY HATTEN.
14. NAME OF HUSBAND OR WIFE JERRY FLYNN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Agnes Colbert Address Buckner Mo

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) Arteriosclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 10-20-60, to 2-27-61 and last saw her him alive on 2-27-61
Death occurred at 11:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Philip Saper (Degree or title) M.D.
22b. ADDRESS Lees Summit, Mo
22c. DATE SIGNED 3/27/61

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 1-61
23c. NAME OF CEMETERY OR CREMATORY Buckner
23d. LOCATION (City, town, or county) Buckner (State) Mo.
24. FUNERAL DIRECTOR Hazel H. Reppert ADDRESS Buckner Mo.
25. DATE RECD. BY LOCAL REG. 3-1-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

JUN 27 1961

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 Charles E Mayfield

Licensed Embalmer No. H638

P. O. Address Blue Springs

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.