

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036271

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 105

AMENDED

**FILED OCT 30 1961**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>	Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>Sullivan</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Veterans Administration Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>119 Jackson Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>PAUL</b> Middle <b>G.</b> Last <b>FLAUGHER</b>			4. DATE OF DEATH Month <b>October</b> Day <b>12,</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-17-09</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>Oak Hill, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gilbert G. Flaugher</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Baugher</b>		14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO. <b>WV II</b>	17. INFORMANT <b>David G. Flaugher, brother, 1714 E. 45th East St. Louis, Illinois</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Rupture of the right auricle with hemopericardium</b>		<b>-Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Massive myocardial infarct. (recent)</b>	<b>Unknown</b>
	DUE TO (c) <b>Coronary sclerosis</b>	<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Tuberculosis, pulmonary, chronic, far advanced, active</b>		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 checked="" type="checkbox"/> NO <input 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.) <b>- - - - -</b>
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> a.m. p.m.		

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.) <b>- - - - -</b>	20f. CITY, TOWN, OR LOCATION <b>- - - - -</b>	COUNTY <b>- - - - -</b>	STATE <b>- - - - -</b>
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21. **VA** attended the deceased from **10-10-61** to **10-12-61**  
Death occurred at **2:21** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>F. J. Mantell</b> (Degree or title) <b>F. J. MANTELL, M.D. Act. Pathologist</b>	22b. ADDRESS <b>VACC, Excelsior Springs Division, Wadsworth, Kansas</b>	22c. DATE SIGNED <b>10-13-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-13-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	23d. LOCATION (City, town, or county) <b>Sullivan, Mo.</b>
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24. FUNERAL DIRECTOR <b>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-61</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

OCT 31 1961

VS OCT 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

*Louise Jarman*

Licensed Embalmer No. 4589

P. O. Address Excelsior 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.