MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023026 ✓
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3257

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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: 18 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Slater — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 220 W. Maple St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Walter — Middle E. — Last Flynn
4. DATE OF DEATH: Month June 20, Day 1962, Year

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-27-1882
9. AGE (last birthday): 79 — 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): Yard Master (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Slater, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Flynn
13b. MOTHER'S MAIDEN NAME: Delia Keating
14. NAME OF HUSBAND OR WIFE: Katherine E. Flynn

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.: NONE
17. INFORMANT: Mrs. Katherine E. Flynn, Address: Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Rheumatic heart Disease with — INTERVAL BETWEEN ONSET AND DEATH: 35+ yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive heart failure — 1 week
Complicated by pneumonia — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malignant polyp of bladder
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. G. Perry M.D. 315 Nichols Rd Kansas City 12 Mo
22b. ADDRESS
22c. DATE SIGNED: 21 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-23-62
23c. NAME OF CEMETERY OR CREMATORY: Slater City Cemetery
23d. LOCATION (City, town, or county) (State): Slater, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Mellody-McGilley-Eylar, 20 W. Linwood K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 6-21-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

M. G. Perry

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 Lloyd F. Deechmon

Licensed Embalmer No. 5120

P. O. Address K. C. 11, 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.