

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041328**

**FILED VS DEC 9 1959**

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 75

ENDED

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in 1b <u>LIFE</u>		c. CITY OR TOWN <u>Unionville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burns rest home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>CITY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Anthony</u> Middle <u>W</u> Last <u>Flanagan</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>1</u> Year <u>1959</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 9-79</u>	9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Anthony Flanagan</u>			13b. MOTHER'S MAIDEN NAME <u>Nan Guffy</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Richard Flanagan-Green Castle Mo</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>COTON WOUND - OCCUSION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>CARDIO-VASCULAR DISEASE</u>							
		DUE TO (c) <u>HYPERTENSION, ARTERIOSCLEROSIS</u>							
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 checked="" type="checkbox"/>		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 <u>227-3601-415</u> to <u>DEC. 1, 1959</u> and last saw her/him alive on <u>DEC. 1, 1959</u> Death occurred at <u>11:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>R. W. Kellum</u> (Degree or title) <u>DO</u>			22b. ADDRESS <u>Unionville Mo.</u>			22c. DATE SIGNED <u>12/4/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>Dec. 4m59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Overstreet Cem.</u>		23d. LOCATION (City, town, or county) <u>Sullivan Co. Mo.</u>					
24. FUNERAL DIRECTOR <u>F.O. Husted &amp; Son-Unionville, Mo.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>			

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marl E. Husted

Licensed Embalmer No. 330

P. O. Address Unionville

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.