No. 300
10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 236

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph, Mo.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph, Mo.
d. STREET ADDRESS (If rural, give location): 907 South 23rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Theresa
c. (Last): Flynn

4. DATE OF DEATH (Month) (Day) (Year): Febr. 6 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr. 13 1920
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin Janczak
13b. MOTHER'S MAIDEN NAME: Mary Jazak
14. NAME OF HUSBAND OR WIFE: James Theo Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-09-0843
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James Theo Flynn 907 So. 23rd St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: 30 HRS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Basal Skull Fracture — 38 HRS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Rawson Roadway
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): US #71 BUCHANAN MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): FEB 4 49 3 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: AUTO ACCIDENT 131

22. *I hereby certify that I attended the deceased from* 4 FEB, 1949, *to* 6 FEB, 1949, *that I last saw the deceased alive on* 6 FEB, 1949, *and that death occurred at* 3:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clement C. Cochran MD
23b. ADDRESS: St. Joseph Mo
23c. DATE SIGNED: 7 FEB 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/8/1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Feb 10, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Herman W. Sidenfaden
ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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 this body is not embalmed, fact should be so stated above.