

FILED APR 5 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 11276

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Vernon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		a. STATE <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walker, Mo. rural</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.# I</u>		b. COUNTY <u>Verhon</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>John Joseph Flynn</u>		b. (Middle)		c. (Last)		3-21-49	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 28, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>I</u>		11. DAYS <u>23</u>		IF UNDER 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u>			11. BIRTHPLACE (State or foreign country) <u>Portage, Wisc.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>John J. Flynn</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Flynn</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Flynn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World war I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>?</u> ADDRESS <u>?</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis myocardial infarction - second fatal attack on 3-21-49</u>			
				ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Anteriosclerotic heart disease.</u>			
				DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11201</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>11201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>3-21, 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11201</u>			
22. I hereby certify that I attended the deceased from <u>2-15, 1949</u> , to <u>3-21, 1949</u> , that I last saw the deceased alive on <u>3-21, 1949</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. B. Rosta, D.O.</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>3-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28, 49</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		331 <u>Eichinger Funeral Home</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nevada, Mo.</u>	

RECEIVED

District Health Officer No. 7,

District File Number 3-49-322

Date Filed 4-4-49

APR 6 1949

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 Mark Eickinger

Licensed Embalmer No. 25656

P. O. Address Yvada, 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.