

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17109

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 628

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg, Missouri	
c. LENGTH OF STAY (In this place) 4 wks		d. STREET ADDRESS (If rural, give location) South Market Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Warrensburg Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene Aloysius	b. (Middle)	c. (Last) Flynn	4. DATE OF DEATH (Month) (Day) (Year) May 31, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec 23, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 8	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Salem New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Flynn	13b. MOTHER'S MAIDEN NAME Helen Sullivan	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Helen Flynn Buchholz, Holden, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: 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. Pr Myocarditis			4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 20, 1951**, to **May 31, 1951**, that I last saw the deceased alive on **5-31-51**, and that death occurred at **10 a m.**, from the causes and on the date stated above.

23a. SIGNATURE R. F. M. R. King, M.D.	(Degree or title)	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 6-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/4/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG. June 2, 1951	REGISTRAR'S SIGNATURE Sara Ann... [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, Holden, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 29 1951

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 *W. J. Canaday*

Licensed Embalmer No. *3439*

P. O. Address *Holden, Miss.*

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.