

FILED JUN 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20613

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 6 MI SOUTH CONCORDIA MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA 0540</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>"RURAL GROVER TRP"</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELIA</u>		b. (Middle) <u>FLANDERMAYER</u>	
c. (Last) <u>FLANDERMAYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>DEC. 22, 1878</u>
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>RETIRED HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY STELLIES</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE STUENKEL</u>	
14. NAME OF HUSBAND OR WIFE <u>HENRY FLANDERMAYER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>490-16-8548</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELMER FLANDERMAYER</u> ADDRESS <u>CONCORDIA, MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u>			SEVERAL YRS.
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</u>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>51</u> , and that death occurred at <u>745 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Brady, M.D.</u> (Degree or title)		23b. ADDRESS <u>Concordia Mo.</u>	
23c. DATE SIGNED <u>6/4/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>	
24b. DATE <u>JUNE 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>BLACKBURN</u> (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Edna L. Beatty</u> 149	

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JOHNSON COUNTY HEALTH DEPT.

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....  
E. S. Jones

Licensed Embalmer No. 2058

P. O. Address St. Louis, 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.