

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32414**

FILED NOV 15 1951		BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>300</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Kirkville</b>			c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>			<b>0013</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1002 S. Wabash</b>				d. STREET ADDRESS (If rural, give location) <b>1002 S. Wabash</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>William</b>		c. (Last) <b>Flynn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 2, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 2</b>		8. DATE OF BIRTH <b>Aug. 16, 1898</b>		9. AGE (In years last birthday) <b>53</b> 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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>		11. BIRTHPLACE (State or foreign country) <b>Kirkville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Zechariah Flynn</b>			13b. MOTHER'S MAIDEN NAME <b>Lula Wood</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>486-18-0756</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lula Flynn, Kirkville, Mo.</b>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>alcoholism chronic</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Edema of Lungs</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>1 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3221</b>				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)			
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 <b>Jan 20, 1950</b> , to <b>Nov 2, 1951</b> , that I last saw the deceased alive on <b>Nov 2, 1951</b> , and that death occurred at <b>1:25 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. O. Stickler MD</b>				23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>11-2-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Plata</b>		24d. LOCATION (City, town, or county) (State) <b>La Plata, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-5-51</b>		REGISTRAR'S SIGNATURE <b>Wate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. G. Lambert</b>		ADDRESS <b>Kirkville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

1013  
1

NOV 20 1951

Date Received: NOV 13 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-2026  
Date Filed: NOV 13 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 *Rollie Kessel*.....

Licensed Embalmer No. *4690*.....

P. O. Address *Kirkville, 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.