

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40547

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 236	
1. PLACE OF DEATH a. COUNTY Adair 0013				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair 0013			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (Length in place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 1105 S. Baird			
3. NAME OF DECEASED (Type or Print)		a. (First) Arna		b. (Middle) Grover		c. (Last) Flynn	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		4. DATE OF DEATH (Month) (Day) (Year) Dec 13 51	
8. DATE OF BIRTH Feb. 19, 1885		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Adair Co. Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas D. Flynn		13b. MOTHER'S MAIDEN NAME Matilda Nicholas		14. NAME OF HUSBAND OR WIFE Mrs. A.G. Flynn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arna G. Flynn Kirksville Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Widespread Pelvic Malignancy Probable origin in the rectum  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH unkn	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from Dec 4, 1951 to Dec 13, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 12:00 noon, from the causes and on the date stated above.							
23a. SIGNATURE A.T. Rhoads, D.O.				23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 12-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 16, 51		24c. NAME OF CEMETERY OR CREMATORY Stuckey		24d. LOCATION (City, town, or county) (State) W. of Kirksville, Mo	
DATE REC'D BY LOCAL REG. 12-15-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Randolph Davis Kirksville			

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

Date Received: DEC 17 1951  
DISTRICT HEALTH OFFICE #:  
District File Number 12-51-  
Date Filed: DEC 18 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Donald Roberts*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address *Ferksville W*

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.