

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12051**
1518

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5811 Charlotte				e. STREET ADDRESS (If rural, give location) 5811 Charlotte					
3. NAME OF DECEASED (Type or Print) a. (First) Lillian			b. (Middle) _____		c. (Last) Flanary		4. DATE OF DEATH (Month) (Day) (Year) April 4 1954		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 15 1913		9. AGE (in years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY General Sec work		11. BIRTHPLACE (City and State or Foreign Country) Nashville Tenn. /			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Verle Ott			13b. MOTHER'S MAIDEN NAME Carrie Bailey			14. NAME OF HUSBAND OR WIFE Paul Flanary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497 36 6505		17. INFORMANT'S SIGNATURE OR NAME Paul Flanary, 5811 Charlotte, K.C. Mo.				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast, Right; ANTECEDENT CAUSES DUE TO (b) Pulmonary metastatic ducty DUE TO (c) the Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 yrs - 3 wks 170x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) m.		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 Feb 3, 1948 , to 4 April, 1954 , that I last saw the deceased alive on 4 APRIL, 1954 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE James W. Downey				23b. ADDRESS 800 ARY KF-BLDG-K.C. Mo.		23c. DATE SIGNED 4 April 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-6-54		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) NASHVILLE, TENN.			
DATE REC'D BY LOCAL REG. 4-5-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE MELBORN - M'GILLEY - EYLER K.C. Mo.					

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

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.....
Signature of Student Embalmer

Signed *Arthur Eugene Shook*

Licensed Embalmer No. *491*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.