

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22131

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>794</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>46 yrs</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>513 East Missouri Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>513 East Missouri Avenue</u> <u>01170</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>			b. (Middle) <u>FLAMANK</u>		c. (Last) <u>FLAMANK</u>			
4. DATE OF DEATH <u>JULY 8, 1954</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 28, 1880</u>		9. AGE (In years last birthday) <u>74</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired, Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery, retail</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>Penzance, England</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Thomas Dugdale</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>George Flamank</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Flamank, 513 E. Mo. Ave., City</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease with auricular fibrillation</u> 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 <u>4200</u>					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) (Minute) 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 <u>Dec - 1950</u> , to <u>July 8, 1954</u> , that I last saw the deceased alive on <u>Feb, 1954</u> , and that death occurred at <u>5:30P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>902 Edmond St., City</u>		23c. DATE SIGNED <u>7-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>July 20, 1954</u>		REGISTRAR'S SIGNATURE <u>485-0 Mother M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark 170 Illinois Ave</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1984

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 *Earl Clark*.....

Licensed Embalmer No. *4234*

P. O. Address *St. Joseph*.....

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.