

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26598

State File No. \_\_\_\_\_

FILED AUG 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SMITHVILLE, MO.</b>	c. LENGTH OF STAY (In this place) <b>1 WEEK</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FERRELVIEW, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITHVILLE COMMUNITY HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>2830</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LAURA</b>	b. (Middle) <b>ANNA</b>	c. (Last) <b>FLYNN</b>	(Month) <b>AUG.</b>	(Day) <b>15,</b>	(Year) <b>1954</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 1, 1901</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>14</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (State or foreign country) <b>LYNN COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JACOB L. DAVIS</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA REBEKAH BOWLES</b>	14. NAME OF HUSBAND OR WIFE <b>GEO. FLYNN Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN L. DAVIS, FERRELVIEW, MO.</b>	ADDRESS <b></b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal Obstruction 6 da</b> DUE TO (c) <b>5705</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b></b>	19b. MAJOR FINDINGS OF OPERATION <b>Intestinal Obstruction</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>

22. I hereby certify that I attended the deceased from Aug 10, 1954 to Aug 15, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 6:02 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Smithville Mo</b>	23c. DATE SIGNED <b>8/16/54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 17, '54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SECOND CREEK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PLATTE COUNTY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>8-17-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>MCCOMAS FUNERAL HOME, SMITHVILLE, MO.</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Donald W. Hanks.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.