

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33889

State File No.

FILED NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4884

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>OVERLAND PARK</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>ST. MARY'S HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>7218 MAPLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> b. (Middle) <u>SUE</u> c. (Last) <u>FLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCTOBER 31, 1920</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FRANK M. YOUNG</u>	13b. MOTHER'S MAIDEN NAME <u>GLADYS WEAR</u>	14. NAME OF HUSBAND OR WIFE <u>DELMAR FLACK OVERLAND PARK</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>500-12-1712</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ks. <u>DELMAR FLACK, 7218 MAPLE, OVERLAND PARKS.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mammary carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ 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. <u>Pt. had surgery before of just</u>		
19a. DATE OF OPERATION <u>now her.</u>	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) 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 April 14, 1954, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 7:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. O. Miles</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>PLAZA TIME BLDG. KANSAS CITY MISSOURI</u>	23c. DATE SIGNED <u>OCT-20-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>BUTLER MISSOURI</u>		

DATE REC'D BY LOCAL REG <u>10-21-54</u>	REGISTRAR'S SIGNATURE <u>neva munsell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>d. H. Newcomer</u> ADDRESS <u>1331 BRUSH CAREX</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Kellie Kessel*

Licensed Embalmer No. *469*

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.