

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. **36572**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1207**

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY <i>Buchanan.</i> | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph.</i> | a. STATE <i>Missouri</i> | b. COUNTY <i>Atchison</i> |
| c. LENGTH OF STAY (In this place) <i>19 mo. 2 Mths</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fairfax</i> <i>0020</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2</i> | | d. STREET ADDRESS (If rural, give location) <i>✓</i> | |

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| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <i>RAYMOND</i> | b. (Middle) <i>K.</i> | c. (Last) <i>FLANAGAN,</i> | (Month) <i>11</i> | (Day) <i>9</i> | (Year) <i>1954</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i> | 8. DATE OF BIRTH <i>7-29-1916</i> | 9. AGE (In years last birthday) <i>38</i> | 10. F UNDER 1 YEAR Months <i>2</i> Days <i>10</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | | 11. BIRTHPLACE (State or foreign country) <i>Missouri</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | | | | |

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| 13a. FATHER'S NAME <i>Charles Flanagan</i> | 13b. MOTHER'S MAIDEN NAME <i>Minnie LaFavor</i> | 14. NAME OF HUSBAND OR WIFE <i>✓</i> |
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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) <i>No.</i> | 16. SOCIAL SECURITY NO. <i>None.</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Minnie Flanagan, Fairfax, Missouri</i> | ADDRESS |
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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, asphyxia, 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) <i>Chronic myocarditis</i> | | | <i>yes.</i> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diffuse arterio-sclerosis</i> DUE TO (c) <i>Gallopia</i> | | | <i>yes.</i> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <i>4221</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) | 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 3-29-, 1948, to 11-9-, 1954, that I last saw the deceased alive on 11-9-, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Harriet Thomas, M.D.</i> | 23b. ADDRESS <i>State Hospital No. 2 St. Joseph, Mo.</i> | 23c. DATE SIGNED <i>11-9-1954</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>11-10-54</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Fairfax Mo.</i> | 24d. LOCATION (City, town, or county) (State) <i>Fairfax, Missouri</i> |
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| DATE REC'D BY LOCAL REG. <i>Nov 18, 1954</i> | REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Funeral Home</i> | ADDRESS <i>Fairfax, Mo.</i> |
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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 _____

Charles S. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

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

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