

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8411**

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>El Dorado Spgs.</u>	c. LENGTH OF STAY (in this place) <u>1 wk.</u>	c. CITY OR TOWN <u>El Dorado Spgs</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>Nichols Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>East Thompson St. 220</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>FLOOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-56</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 6, 1871</u>	9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
-----------------------	----------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall Co., Ia.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Joshua Flook</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leah Kepler</u>	ADDRESS <u>El Dorado Spgs., Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>cerebral arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>generalized arteriosclerosis</u>		
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>332x</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)	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 3-20, 1956, to 3-25, 1956, that I last saw the deceased alive on 3-25, 1956, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Skaggs</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>El Dorado Springs, Mo.</u>	23c. DATE SIGNED <u>3-26-56</u>
---	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fontana Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fontana, Kans.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-26-56</u>	REGISTRAR'S SIGNATURE <u>George W. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Skaggs</u>	ADDRESS <u>El Dorado Spgs. Mo.</u>
--	--	---	---------------------------------------

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 *May W. Dickering*

Licensed Embalmer No. *46*

P. O. Address *E. Doran*

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.