

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21486**

Registrar's No. **83**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Pike	b. CITY (If outside corporate limits, write RURAL and give township) Louisiana	a. STATE Missouri	b. COUNTY Pike
c. LENGTH OF STAY (in this place) 45 Min.		c. CITY (If outside corporate limits, write RURAL and give township) Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If rural, give location) 618 North Third St.	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle)	c. (Last) FLAHERTY	4. DATE OF DEATH (Month) (Day) (Year) JUNE 7, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1872	9. AGE (In years last birthday) 84	# UNDER 1 YEAR 2	# UNDER 12 HRS. 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Worker	10b. KIND OF BUSINESS OR INDUSTRY Retired Railroad Worker	11. BIRTHPLACE (State or foreign country) Louisiana, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James Flaherty	13b. MOTHER'S MAIDEN NAME Anna Scanlon	14. NAME OF HUSBAND OR WIFE Addie Flaherty
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Ardell Flaherty, Louisiana, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General Hypertensive Arteriosclerotic - Cardio-Vascular Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy, Left		5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4261
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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?
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22. I hereby certify that I attended the deceased from **1:35 PM. 6/6/56**, to **6/7/56** 19**56**, that I last saw the deceased alive on **6/7/56**, 19**56**, and that death occurred at **3:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert L. Andrus M.D.	(Degree or title)	23b. ADDRESS Louisiana Mo	23c. DATE SIGNED 6/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/9/56	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. June 8, 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

374

JUN 19 1951

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. _____

Student
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.