THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33520

STATE FILE NUMBER

FILED OCT 17 1956

Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo. Life — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN Buffalo — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Elbert Middle Austin Last Flanagan

4. DATE OF DEATH Month Oct. Day 5 Year 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 3/15/1890 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months 6 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Car Mech. 11. BIRTHPLACE (City and state or country) Dallas County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Flanagan 14. MOTHER'S MAIDEN NAME Izella Todd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 496-03-3276 17. INFORMANT Lola Flanagan Address Buffalo Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to Oct. 5, 1956 and last saw ~~her~~ him alive on 10-5-56
Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. D. Gammon (Degree or title) MD 22b. ADDRESS Buffalo Mo 22c. DATE SIGNED 10-10-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-7-56 23c. NAME OF CEMETERY OR CREMATORY Macedonia Cem. 23d. LOCATION (City, town, or county) (State) Dallas County, Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home ADDRESS Buffalo Mo. 25. DATE RECD. BY LOCAL REG. 10/15/56 26. REGISTRAR'S SIGNATURE Mrs Grace Patrick

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issue. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lloyd L. Montgomery.....

Licensed Embalmer No. 35

P. O. Address Buffalo,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.