FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40613
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 13166

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 812 Woodson St. — Length of stay in Hospital: 1 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 8117 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 812 Woodson St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOSEPH Middle TURNER Last FLANAGAN

4. DATE OF DEATH: Month Dec. Day 8 Year 1956

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: Nov. 25, 1865 9. AGE (In years last birthday): 91 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Knoxville Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Patrick Flanagan
14. MOTHER'S MAIDEN NAME: Rachel Mathews

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.: None
17. INFORMANT: Mrs. John Langdon Address: St. Joseph, 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: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 Nov. 10-56 to Dec 8-56 and last saw him alive on Dec 8-56
Death occurred at 1:10A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammed Tahir M.D.
22b. ADDRESS: 1306 S. 26 St. St. Joseph
22c. DATE SIGNED: 12-11-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-10-56
23c. NAME OF CEMETERY OR CREMATORY: Weatherman Cemetery
23d. LOCATION (City, town, or county) (State): Guilford Missouri

24. FUNERAL DIRECTOR: Blamey Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 14, 1956
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 Charles E. Bennett.....

Licensed Embalmer No. 46

P. O. Address St. Joseph

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