

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1578  
STATE FILE NUMBER

FILED JAN 23 1958

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 3

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GRANDVIEW</u>		c. CITY OR TOWN <u>Warsaw</u> <u>6080</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GRANDVIEW REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>Getown</u>	

3. NAME OF DECEASED First FRANK Middle Last FLINT 4. DATE OF DEATH Month JAN Day 14 Year 1958

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH DEC-2-1875 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo finisher 10b. KIND OF BUSINESS OR INDUSTRY Own Shop 11. BIRTHPLACE (City and state or country) NORTH KANSAS CITY MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS W. FLINT 13b. MOTHER'S MAIDEN NAME SARAH WILLIAMSON 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT JOHN E. FLINT Address JASPER MISSOURI

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 Occlusion  
DUE TO (b) Generalized Arteriosclerosis  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
INTERVAL BETWEEN ONSET AND DEATH 10 min at least 5 years

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

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE WORK  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 Aug 4, 1956 to Jan 14, 1958 and last saw him alive on 3 Jan 1958 Death occurred at 8:40 A. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sam D. Hooper, M.D. 22b. ADDRESS Grandview, Mo. 22c. DATE SIGNED Jan 14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-17-58 23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETERY 23d. LOCATION (City, town, or county) (State) NORTHEAST OF RICHMOND MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BUSH CREEK KANSAS CITY MO. 25. DATE RECD. BY LOCAL REG. 1/15/1958 26. REGISTRAR'S SIGNATURE Philip Goddard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms write "no". All diseases in Part I must be causally related.

JAN 22 1958

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 *Norman W. Thomas* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D.C. No.* .....

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.