

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018167

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2195

5. 300 d
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb 8 DAYS 37	d. STREET ADDRESS (If outside, give location) 1109 Paseo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BENTON Middle NONE Last FLAGG			4. DATE OF DEATH Month April Day 29 Year 1958		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-1-13	9. AGE (In years) (If under 1 year, give months and days; if under 24 hrs., give hours and minutes) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSER		10b. KIND OF BUSINESS OR INDUSTRY CLEANING		11. BIRTHPLACE (City and state or country) MEMPHIS, TENN.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GEORGE FLAGG		13b. MOTHER'S MAIDEN NAME NANCY FLOWERS	
14. NAME OF HUSBAND OR WIFE NAOMI		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW II		16. SOCIAL SECURITY NO. 195-10-7347	
17. INFORMANT Official Records VA Hospital, K.C., Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastrointestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Esophageal varices.		DUE TO (c) Portal cirrhosis of the liver		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic fibrosing pancreatitis		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:10 Month, Day, Year April 29, 1958 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION NA		20g. COUNTY		20h. STATE	
21. I attended the deceased from April 21, 1958 to April 29, 1958 Death occurred at 6:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE ROBERT FLINN, M.D.		22b. ADDRESS M.D. VA Hospital, K.C., Mo.	
22c. DATE SIGNED 4-29-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-2-58	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans		24. FUNERAL DIRECTOR Mrs. Meek's Mortuary K.C. Mo.	
25. DATE RECD. BY LOCAL REG. 4-30-58		26. REGISTRAR'S SIGNATURE Neva Marshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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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 *Millard B. Pasko*

Licensed Embalmer No. *5013*
P. O. Address *N. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.