

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009000

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 120 Primary Registration District No. _____

Registrar's No. 22

5. 300
1-57 C

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		c. CITY OR TOWN New Hampton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry Co. Hospital		d. STREET ADDRESS (If outside, give location) So. East Part	
Length of stay in 1b 2 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Taylor Flint			4. DATE OF DEATH Month Day Year March 7, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1873	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (City and state or country) Bethany Mich.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Flint	13b. MOTHER'S MAIDEN NAME Lucinda Yates	14. NAME OF HUSBAND OR WIFE Annie Flint
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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 None	16. SOCIAL SECURITY NO. None	17. INFORMANT Raymond Flint	Address New Hampton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Thrombosis + bleeding peptic ulcer. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year 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 New Hampton - Harrison - Mo.	COUNTY Harrison	STATE Mo.
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21. I attended the deceased from 3-4-59 to 3-6-59 and last saw him alive on 3-6-59 Death occurred at II p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H. Rose, M.D.	(Degree or title)	22b. ADDRESS Albany, Mo.	22c. DATE SIGNED 3-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	23d. LOCATION (City, town, or county) (State) Bethany, Mo.
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24. FUNERAL DIRECTOR W. A. Noble & Son	ADDRESS New Hampton, Mo.	25. DATE RECD. BY LOCAL REG. 3-9-59	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 Dr. Frank H. Rose
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 No symptoms will be listed.

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 *W. G. 7/10/64*

Licensed Embalmer No. *2984*

P. O. Address *New Hampton*

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.