Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009163
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 133 Primary Registration District No. Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) New Hampton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) North Part — Length of stay in 1b: 22 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN New Hampton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) North Part — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Anna Middle: E Last: Flint

4. DATE OF DEATH Month Day Year: March 25, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 18, 1875
9. AGE (In years last birthday): 83 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Keeper
11. BIRTHPLACE (City and state or country): Bethany, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James S. Tippet
13b. MOTHER'S MAIDEN NAME: Rebbecca K. Smith
14. NAME OF HUSBAND OR WIFE: William T. Flint (Deceas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Raymond Flint — Address: New Hampton, 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) Carcinoma of small intestines — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1529
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 [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 3-1-59, to 3-25-59 and last saw her alive on 3-21-59
Death occurred at 7:55 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Grun, (Degree or title) D.O.
22b. ADDRESS New Hampton Mo
22c. DATE SIGNED 3-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery
23d. LOCATION (City, town, or county) (State): Bethany, Missouri

24. FUNERAL DIRECTOR: W. S. Nobbe & Son — ADDRESS: New Hampton, Mo.
25. DATE RECD. BY LOCAL REG.: 3-26-1959
26. REGISTRAR'S SIGNATURE: Zella Maxey

(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 Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampshire

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.