

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018690

STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO HOSPITAL</u>		Length of stay in lb <u>1 Day.</u>	082 ^d STREET ADDRESS (If outside, give location) <u>612 N. 8th St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>TIMMIE FLAHERY</u>		4. DATE OF DEATH Month Day Year <u>May 22 1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 26 1904</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical</u>	11. BIRTHPLACE (City and state or country) <u>Louisiana Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James J. Flaherty</u>	
13b. MOTHER'S MAIDEN NAME <u>Addie Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi Flaherty</u>	
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. <u>487-18-7667</u>	17. INFORMANT <u>Naomi Flaherty</u> Address <u>Louisiana Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal Failure and Uremia</u> DUE TO (b) <u>Generalized peritonitis</u> DUE TO (c) <u>Perforated Peptic Ulcer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u> <u>3-4 days</u>
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 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 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 COUNTY STATE
21. I attended the deceased from <u>1957</u> to <u>5-22-59</u> and last saw her alive on <u>5-22-59</u> Death occurred at <u>10:20 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas H. Luweller M.D.</u>		22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>5-23-59</u>
23a. BURIAL, CREMATION, REMOVALS (Specify) <u>Burial</u>	23b. DATE <u>5/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>River View</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana Mo.</u>
24. FUNERAL DIRECTOR <u>Stene Duncanson</u> ADDRESS <u>Louisiana Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 26-59</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Caution: Accidents, etc., must use only Standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 5 1956

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 *J. B. Stone*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana*

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.