

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015304

FILED VS. MAY 5 1960

149

Primary Registration District No. 1.002

Registrar's No. 2148

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 6 days | | c. CITY OR TOWN Lee's Summit, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 111 So. Green | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First William Middle Franklin Last Flinn | | | | 4. DATE OF DEATH Month April Day 17 Year 1960 | | | | |
| 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 Mar. 19, 1980 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer | | | 10b. KIND OF BUSINESS OR INDUSTRY Kansas City Police, Cherryville, Kansas | | 11. BIRTHPLACE (City and state or country) USA | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Isham Flinn | | | 13b. MOTHER'S MAIDEN NAME Hulda Worden | | | 14. NAME OF HUSBAND OR WIFE Pansy Flinn | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. 441-10-9168 | | 17. INFORMANT Address Pansy Flinn, Lee's Summit, 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) Acute Pulmonary Edema | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonitis | | | | | | | 2 days | |
| DUE TO (c) Incisional Hernia | | | | | | | 6 mos. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 June 15, 1958 to April 17, 1960 and last saw her/him alive on April 17, 1960 . Death occurred at 4:00 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | | | 22b. ADDRESS 915 Angler Bldg Lee's Summit | | | 22c. DATE SIGNED 7/18/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 19, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery | | 23d. LOCATION (City, town, or county) Lee's Summit, Missouri | | | |
| 24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 4-18-60 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Verry E. Lilly

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *N. B. Longbrake*
Licensed Embalmer No. 4962
P. O. Address Levi Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.