

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-004755**

STATE FILE NUMBER

AMENDED

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **63**

**FILED VS FEB 20 1961**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Length of stay in 1b <u>61 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>237 North Fountain</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>AGA</u> Middle <u>JOHN</u> Last <u>FLENTGE</u>			<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>9</u> Year <u>1961</u>										
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>10/5/1868</u>		<b>9. AGE</b> (last birthday) <u>92</u>		<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>4</u> Hours <u></u> Min. <u></u>		<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Real estate Broker, ret.</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Real Estate</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Jackson, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S.</u>					
<b>13a. FATHER'S NAME</b> <u>Capt. William Flentge</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Therese M. Loeffler</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary M. Flentge</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>17. INFORMANT</b> <u>Miss Golden M. Flentge</u>				Address <u>Cape Gir.</u> Mo.					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS AND UREMIA</u> DUE TO (b) <u>CARCINOMA OF THE PROSTATE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>  <u>Aug. 1959</u>			
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					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____											
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY _____ STATE _____					
<b>21. I attended the deceased from</b> <u>November 1949</u> to <u>2-9-61</u> and last saw her/him alive on <u>2-9-61</u> Death occurred at <u>9:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <u>L.P. Sebaugh, M.D.</u>								<b>22b. ADDRESS</b> <u>219 North Pacific, Cape Girardeau, Mo.</u>				<b>22c. DATE SIGNED</b> <u>2-10-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b>				<b>23d. LOCATION</b> (City, town, or county) (State)					
<u>Burial</u>		<u>Feb. 12, 1961</u>		<u>City Cemetery</u>				<u>Jackson, Missouri</u>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Cape Gir., Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-16-61</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Gene Kasten</u>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 2 1961

**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 William H. Lunn, Student Embalmer No. 616  
working under my personal supervision.

Student William H. Lunn  
Signature of Student Embalmer

Signed Virgil K. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.