

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED **FILED APR 6 1961**

Registration District No. **1002** Registrar's No. **1390**

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF **Robert E. Allen** MEDICAL CERTIFICATION

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saint Clair | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO | | Length of stay in 1b 9 days. | c. CITY OR TOWN Appleton City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 411 N. Beech | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First HARRY Middle E. Last FLAHERTY | | | 4. DATE OF DEATH Month MARCH Day 16 Year 1961 | | |
| 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 10-29-90 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TECHNICIAN | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT | 11. BIRTHPLACE (City and state or country) WEST BROOKFIELD, MASS. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME HENRY FLAHERTY | | 13b. MOTHER'S MAIDEN NAME ROSE LYNCH | | 14. NAME OF HUSBAND OR WIFE MAE FLORENCE FLAHERTY | |
| 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. UNKNOWN | | 17. INFORMANT MRS. MAE FLORENCE FLAHERTY | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac standstill DUE TO (b) Heart block, 3rd degree DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 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) Carcinoma of prostate, carcinoma of pancreas & liver, nephritis, diabetes mellitus | | | 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 3/8/61 to 3/15/61 and last saw her/him alive on 3/15/61 . Death occurred at 7:55 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Robert E. Allen MD | | | 22b. ADDRESS 411 Nichols Road Kansas City, Mo | | 22c. DATE SIGNED 3/16/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial | 23b. DATE 3-20-61 | 23c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery | | 23d. LOCATION (City, town, or county) (State) Appleton City, Missouri | |
| 24. FUNERAL DIRECTOR MELVIN L. JANSSENS, APPLETON CITY, MO | | | 25. DATE RECD. BY LOCAL REG. 3-18-61 | | 26. REGISTRAR'S SIGNATURE Ruth Long |

APR 11 1961

AUG 8 1962

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

Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.