

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008767  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 1159

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED MAR 29 1961**

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 75 yrs.  
c. FULL NAME OF DECEASED (If in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3929 Oak Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
ROSE HANNA Flaigle  
4. DATE OF DEATH Month Day Year  
3 4 61

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 5-7-1884 9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LOUIS FLAIGLE 13b. MOTHER'S MAIDEN NAME MATILJA JACOBS 14. NAME OF HUSBAND OR WIFE NONE

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. NONE 17. INFORMANT Address JAMES B. FLAIGLE K.C. 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) Carcinomatosis - primary  
DUE TO (b) site unknown  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia and Congestive Heart Failure  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 2-24-61 to 3-4-61 and last saw her alive on 3-4-61  
Death occurred at 5:18 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 3400 Cherry City Mo 22c. DATE SIGNED 7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 23b. DATE 3-6-61 23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CREMATORY 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.

24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY K.C. Mo. 25. DATE RECD. BY LOCAL REG. 3-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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 Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address K. C. M.

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.