

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028663
3700 STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

FILED AUG 16 1961

PLACE OF DEATH

a. COUNTY **Clay**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Clay**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City North**

Length of stay in 1b
4 months

c. CITY OR TOWN **Kansas City North**

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **7908 N. Broadway**

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
7908 N. Broadway

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First **ALTA** Middle _____ Last **FLANERY**

4. DATE OF DEATH
Month **July** Day **23** Year **1961**

5. SEX
Female

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
7/13/1886

9. AGE (last birthday)
75

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)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Freeman, Missouri

12. CITIZEN OF WHAT COUNTRY
United States

13a. FATHER'S NAME
Charles M. Majors

13b. MOTHER'S MAIDEN NAME
Margaret A. Highley

14. NAME OF HUSBAND
Everett Flanery

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
Everett Flanery 7908 N. Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma, Breast, with Carcinomatosis**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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.
 Yes No Unknown
INTERVAL BETWEEN ONSET AND DEATH **About 15 yrs**

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 **June 1961** to **July 23 1961** and last saw her alive on **July 15, 1961**
Death occurred at **5:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print name or title)
Donald E. Kuenzi

22b. ADDRESS **8400 N. Oak Park Kansas City 55 Mo**

22c. DATE SIGNED
7-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
July 25, 1961

23c. NAME OF CEMETERY OR CREMATORY
Freeman Cemetery

23d. LOCATION (City, town, or county) (State)
Freeman, Missouri

24. FUNERAL DIRECTOR ADDRESS
Muehlebach Funeral Home 6800 Troost Ave,

25. DATE RECD. BY LOCAL REG.
7-25-61

26. REGISTRAR'S SIGNATURE
Ruth Long

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Donald E. Kuenzi

AUG 29 1969

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 Dale L. Martin
Dale L. Martin
Licensed Embalmer No. 5106

P. O. Address Shawnee, Kansas

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.