

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

70 0005694

Registration District No. 38

Primary Registration District No. 3856

Registrar's No. 141

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Marion (none) Flynt		Female	Feb. 16, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 64	5b.	6. Jan. 4, 1906
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
7a. Columbia		7b. Boone	
7c. yes		7d. Boone County Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U.S.A.	
10. Never Married		11. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 500-46-9736		13. Teacher	
RESIDENCE—STATE COUNTY		KIND OF BUSINESS OR INDUSTRY	
14. Missouri 14b. Moniteau		15. Retired	
14c. California		16. Yes	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. William R. Flynt		16. Elmira Fulks	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Bob Hert		17b. California, Mo. 65018	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) Respiratory Arrest			2/16
(b) Brain Stem contusion			2/14 & 2/16
(c) Intracranial Hemorrhage			2/14 & 2/16
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. Accident		20b. Feb 14 1970	20c. Automobile
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20d. No		20e. Street	20f. No
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		TO	DATE SIGNED (MONTH, DAY, YEAR)
21a. DECEASED FROM		21b. Feb 14 1970	21c. Feb 15 1970
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21d. Did	
22a. CERTIFIER—NAME (TYPE OR PRINT)		22b. O. Gerald Orth, MD	
22c. MAILING ADDRESS—CERTIFIER		22d. 201 W BROADWAY	
22e. COLUMBIA, MO.		22f. 65201	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	
23a. Removal-Burial		23b. Masonic Cemetery	
DATE (MONTH, DAY, YEAR)		FURNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
23c. 2-18-1970		23d. Williams Funeral Home 211 S. Oak Calif.. Mo. 65018	
FURNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	
23e. [Signature]		23f. [Signature]	
DATE RECEIVED BY LOCAL REGISTRAR		23g. Feb 19 1970	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0681

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.
#8 by affidavit of fun. dir. 3-10-70

MAR 6 1970

FEB 27 1970

MAR 10 1970

2-25-70

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

Walter A. Woodard

Licensed Embalmer No.

5172

P. O. Address

Springfield, Mo.

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.