

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035775

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 103

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

FILED SEP 25 1962	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond TWS P</u>	Length of stay in lb <u>3 weeks</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray Co. Memorial Hosp.</u>	d. STREET ADDRESS (If outside, give location) <u>1 mile east Napoleon, Mo. 24</u>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>A.</u> Last <u>FLEMING</u>	
4. DATE OF DEATH <u>Sept. 10, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/22/1874</u>
9. AGE (last birthday) <u>87</u>	
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) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steam Engineer</u>
11. BIRTHPLACE (City and state or country) <u>MoscowTennessee</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Agnew Fleming</u>	13b. MOTHER'S MAIDEN NAME <u>Callie Yates</u>
14. NAME OF HUSBAND OR WIFE <u>May Rebecca Fleming</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>495-20-2300</u>	
17. INFORMANT Address <u>Indep. Mo. Mr. Raymond Fleming 10905 East 20</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Hypoxia</u>	
DUE TO (b) <u>Uremia</u>	
DUE TO (c) <u>Chronic Pyelonephritis</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	
INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>3 wks</u> <u>6 mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>3:50</u> a.m. p.m.	Month, Day, Year <u>8/28/61</u> to <u>9/10/62</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Wellington Mo.</u> COUNTY STATE	
21. I attended the deceased from <u>8/28/61</u> to <u>9/10/62</u> and last saw him alive on <u>9/10/62</u> Death occurred at <u>3:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>D. B. Strickland D.O.</u>	22b. ADDRESS <u>Wellington Mo.</u>
22c. DATE SIGNED <u>9/11/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/12/1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Wellington, Missouri</u>	
24. FUNERAL DIRECTOR <u>J. C. Sheppard</u>	25. DATE RECD. BY LOCAL REG. <u>9-18-1962</u>
26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 J. Clair Shepard

Licensed Embalmer No. 4179

P. O. Address Washington, Pa.

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.