

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12809**  
Registrar's No. **130**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5588**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Blue Twnship</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence (Blue)</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>RR 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, RR 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>D</b> c. (Last) <b>Fleetwood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 18, 1949</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>June 15, 1871</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	
11. BIRTHPLACE (State or foreign country) <b>Sheridan County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>American</b>		

13a. FATHER'S NAME <b>Henry Dobbins</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel J. Fleetwood, deceased</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Lonnie T. Fleetwood</b> ADDRESS <b>Independence, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>				<b>within</b>	
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Chronic Myocarditis</b> <b>5 years</b> DUE TO (c) <b>generalized arteriosclerosis with coronary sclerosis</b> <b>5 years</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>422</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **April, 1948**, to **April, 1949**, that I last saw the deceased alive on **Feb., 1949**, and that death occurred at **6:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Fred W. Smith, M.D. (r)</b>		23b. ADDRESS <b>10229 Independence Rd Ke-3</b>		23c. DATE SIGNED <b>4/18/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 20, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Apr. 19 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Independence, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed

*Tom D Markland*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4592

P. O. Address Indep 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 this body is not embalmed, fact should be so stated above.