

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30249

State File No. 3774

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3774
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) R.F.D. 2 Shawnee		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 10618 West 69th Street		
3. NAME OF DECEASED (Type or Print) a. (First) LEO		b. (Middle) B.		c. (Last) FLUCKE
4. DATE OF DEATH (Month) (Day) (Year) 9 1 49		5. SEX Ma		6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH 12-27-1900		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Window trimmer		10b. KIND OF BUSINESS OR INDUSTRY Sears-Roebuck		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John B. Flucke		13b. MOTHER'S MAIDEN NAME Anna F. Hueben
14. NAME OF HUSBAND OR WIFE XX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-07-4410
17. INFORMANT'S SIGNATURE OR NAME Jno. A. Flucke, RFD 2 Shawnee, Kans.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture aorta with</u> hemopericardium 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 3. DUE TO (b) <u>Arteriosclerosis</u> 4. DUE TO (c) 5. II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 12 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from 8/31 , 19 49 , to 9/1 , 19 49 , that I last saw the deceased alive on 7/1 , 19 49 , and that death occurred at 11:200 m., from the causes and on the date stated above.				
23a. SIGNATURE Edward H. Klein		23b. ADDRESS Plaza Med Bldg		23c. DATE SIGNED 9/2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		DATE REC'D BY LOCAL REG. 9-2-49		REGISTRAR'S SIGNATURE Sheraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS Kansas City, Mo		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4638

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
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.