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FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36658

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Rural No. Kansas City</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Askew Rd. N.K.C., Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Askew Rd R. 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>FLEMING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 '49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11.9.1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>DELRWAN ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>William</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Fleming</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM ROSS FLEMING R8 N.K.C. MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Broncho Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal</u> DUE TO (c) <u>Senility</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>44-28</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (m.)	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 Oct 22, 1949, to Nov 13, 1949, that I last saw the deceased alive on Nov. 13, 1949, and that death occurred at 2400 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. O. Ackley, D.O.</u>		23b. ADDRESS <u>R8 North Kansas City Mo.</u>		23c. DATE SIGNED <u>11.13.49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	24d. LOCATION (City, town or county) (State) <u>Belton Mo</u>		
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DATE REC'D BY LOCAL REG. <u>Nov 14-1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Fitchner</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton Funeral Home N.K.C. Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 21

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-49

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 *Harold L. Reason*

Licensed Embalmer No. 3605

P. O. Address.....

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.