

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36446
4816

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STRASBURG	
c. LENGTH OF STAY (in this place) 14 da		d. STREET ADDRESS (If rural, give location) 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION MILLS CONVALESCENT HOME			

3. NAME OF DECEASED (Type or Print) a. (First) CASSIUS b. (Middle) M c. (Last) FLEMING			4. DATE OF DEATH (Month) (Day) (Year) NOV. 15 50		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC. 21 1861		9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MILLEDGEVILLE ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME MACK FLEMING		13b. MOTHER'S MAIDEN NAME UNK NELSON		14. NAME OF HUSBAND OR WIFE IDA MAY FLEMING	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE-OR NAME- - - ADDRESS MRS. MABEL JAGGAR 2011 Fayetteton K C	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis - pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis Hypertension Heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 1003 years 420 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)	
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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 **Nov 3, 1950**, to **Nov 15, 1950**, that I last saw the deceased alive on **Nov 14, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Melvin Langhus MD (Degree or title)		23b. ADDRESS No Kansas City Mo		23c. DATE SIGNED 11-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-18-50		24c. NAME OF CEMETERY OR CREMATORY STRASBURG CEMETERY		24d. LOCATION (City, town, or county) (State) STRASBURG MISSOURI	
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DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE Thereldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS NORTH KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

248
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8:05

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 _____

working under my personal supervision.

Student Embalmer No. 393

Signed John T. Henick Jr.
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Acandale, Md.

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.