

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1951

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| BIRTH NO. | | REG. DIST. NO. 280 | | PRIMARY REG. DIST. NO. 15944 | | Registrar's No. 48 | |
| 1. PLACE OF DEATH a. COUNTY <i>Platte</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Platte</i> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i> | | c. LENGTH OF STAY (In this place) <i>45 yrs</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>6 miles N. of Parkville</i> | | d. STREET ADDRESS (If rural, give location) <i>Highway # 71</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6 miles North Parkville</i> | | | | d. STREET ADDRESS (If rural, give location) <i>Highway # 71</i> | | | |
| 3. NAME OF DECEASED a. (First) <i>Alva</i> b. (Middle) <i>Petis</i> c. (Last) <i>Fleming</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 17 1951</i> | | | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | | 8. DATE OF BIRTH <i>May 7 1879</i> | |
| 9. AGE (In years) (Months) (Days) <i>72 3 10</i> | | 10. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>General</i> | | 11. BIRTHPLACE (State or foreign country) <i>Waldron Mo</i> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <i>Wm Fleming</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary E. Dunagan</i> | | 14. NAME OF HUSBAND OR WIFE <i>Gertrude Sulgen</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>No</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Robert Fleming</i> ADDRESS <i>Parkville</i> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 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 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>4201</i> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <i>Aug 17 1951</i> , to <i>Aug 17 1951</i> , that I last saw the deceased alive on <i>Aug 17 1951</i> , and that death occurred at <i>1:03 P.M.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or Title) <i>Robert Fleming M.D.</i> | | | | 23b. ADDRESS <i>600 Prof Bldg Kansas City, Mo.</i> | | 23c. DATE SIGNED <i>8-20-51</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rural</i> | | 24b. DATE <i>Aug 21-1951</i> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <i>Aug 21 51</i> | | REGISTRAR'S SIGNATURE <i>Alpha Roemer</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Edward A. Francis</i> | | ADDRESS <i>Parkville Mo</i> | |

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



*Leland H. Francis
401 Main
Parkville, Mo*

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 ~~3457~~ _____

Signed _____
Student Embalmer

Signed _____

Leland H. Francis

Licensed Embalmer No. *3457* _____

P. O. Address _____

Parkville, 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.