

No. 300
10.48

FILED FEB 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2240

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 2529

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Sedalia</u>	d. STREET ADDRESS (If rural, give location) <u>1/2 mi north of Sedalia H.H. 65</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>KATHERINE</u>	a. (First)	(Middle)	c. (Last) <u>FLEMING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 19-1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Boston Mass</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Fleming</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Katherine Fleming</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war and dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Salveter</u>	ADDRESS <u>Sedalia</u>
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Pancreas?</u>	Unable to confirm this diagnosis.		3 mos.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>X Rays showed complete obstruction below the pylorus.</u>		
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS <u>Senility and Chronic Myocarditis.</u>		2 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Unable to operate patient because of age and condition.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>157X</u>
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22. I hereby certify that I attended the deceased from over 5 yrs, 19, to Jan. 28th, 1952, that I last saw the deceased alive on Jan. 28th, 1952, and that death occurred at 12.45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>Jan. 28th</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-30-52</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros Sedalia</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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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.....

K.P. McCreary

Licensed Embalmer No. *3153*

P. O. Address.....

Sedalia 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.