

S. No. 300
V. 10.48

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5494

State File No. 26

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Joplin 100p		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Joplin 100p	
c. LENGTH OF STAY (in this place) 50yrs		d. STREET ADDRESS (If rural, give location) South Hall Street Road	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Hall Street Road		d. STREET ADDRESS (If rural, give location) South Hall Street Road	

3. NAME OF DECEASED a. (First) SARAH b. (Middle) L. c. (Last) FLECK			4. DATE OF DEATH (Month) (Day) (Year) February 20, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 6, 1874		9. AGE (In years last birthday) 77		10. 11. 12. F UNDER 1 YEAR Months Days Hours Min. F UNDER 12 HRS. Hours Min. COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri	

13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Ruben Fleck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Y		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruben Fleck Rt 1 Webb City, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 3 hours
--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)	
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 10-2, 1951, to 2-20, 1952, that I last saw the deceased alive on 2-20, 1952, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE W. W. Forbes (Degree or title) D.O.		23b. ADDRESS Cartersville, Missouri		23c. DATE SIGNED 2-23-52	
--	--	-------------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
--	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. Feb 23-52		REGISTRAR'S SIGNATURE J. L. Dutechett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri	
------------------------------------	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

49

RECEIVED 2-26-52

Jasper County Health Office

County File Number 52/2/263

Date Filed 2-26-52

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 Edward Lewis E.

Licensed Embalmer No. 4561

P. O. Address Wills City, 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.