

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10957

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6966</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Preston Twn.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) 0839 Rural Preston Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 8 Miles No. West of Smithville			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Ellen		c. (Last) Fleming		4. DATE OF DEATH (Month) (Day) (Year) March 20, 1953	
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 11, 1859	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 11 Days 9		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ezra Kerr		13b. MOTHER'S MAIDEN NAME Sarah Heath		14. NAME OF HUSBAND OR WIFE Edward F. Fleming			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elbert Fleming Smithville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs + 10 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334 X				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) (Min.)		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 Feb 24 , 19 51 , to March 20, 1953 , that I last saw the deceased alive on March 20, 1953 , and that death occurred at 11:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edw. Kerova, M.D.				23b. ADDRESS Smithville Mo		23c. DATE SIGNED 3-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-22-53		24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		24d. LOCATION (City, town, or county) (State) Platte County Missouri	
DATE REC'D BY LOCAL REG. 3-21-53		REGISTRAR'S SIGNATURE Opheia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE J. McComas		ADDRESS Funeral Home Smithville, Mo.	

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

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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 *Donald W. Hanks*.....

Licensed Embalmer No. *4528*.....

P. O. Address *Smithville, Missouri*.....

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.