

## STANDARD CERTIFICATE OF DEATH

38587

State File No. ....

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Bloomfield Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Georgia</u>	b. (Middle) <u>Marian</u>	c. (Last) <u>Fleming</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21-53</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>Nov-17-1900</u>	9. AGE (In years last birthday) (Months) (Days) <u>53 0 4</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas C. Fleming</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Williams</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-22-0123</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Josie Fleming New Bloomfield</u>	ADDRESS <u>New Bloomfield</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		
	DUE TO (c)		
11. 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"/>
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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)	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 Jan 1949, to Nov 21, 1953, that I last saw the deceased alive on Nov 21, 1953, and that death occurred at 7:50 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Carl L. Loyd M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jeff. Ctn, Mo.</u>	23c. DATE SIGNED <u>11-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bull Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 mi East Holt Summit Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 23-1953</u>	REGISTRAR'S SIGNATURE <u>R. G. Davis MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt-Cox &amp; Co. Scr. New Bloomfield</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Le Roy Cloyport

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.