300
48

FILED DEC 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39038

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5234

1. PLACE OF DEATH
a. COUNTY: Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: WYANDOTTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1223 Waverly,

$150
8

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): Franz
c. (Last): FLUEGEL

4. DATE OF DEATH (Month) (Day) (Year): November 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired salesman - OPERATOR COVER SERVICE
10b. KIND OF BUSINESS OR INDUSTRY: 1 DAY STAMP
11. BIRTHPLACE (City and State or Foreign Country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Frantz Fluegel
13b. MOTHER'S MAIDEN NAME: Matilda Sheadin
14. NAME OF HUSBAND OR WIFE: Ida M. Fluegel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 515325522
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Official Records, VA Hospital, K.C.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pyelonephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 6000

19a. DATE OF OPERATION: 10-16-53
19b. MAJOR FINDINGS OF OPERATION: Pyelonephritis Hemorrhage & Degeneration left kidney
20. AUTOPSY? YES [X] NO [ ]

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 15 *19* 53, *to* November 1 *19* 53, *that I last saw the deceased alive on* XXXXXXXXXXX *19* XX, *and that death occurred at* 11:35 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Title or title): Richard C. Schaffer M.D. — RICHARD C. SCHAFFER, M.D.
23b. ADDRESS: VA Hospital, Kansas City, Mo.
23c. DATE SIGNED: 11/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 5 1953
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): FORT LEAVENWORTH KANSAS

DATE REC'D BY LOCAL REG.: 11-5-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: O.H. Newcomer's Sons, 1331 - BRUSH CREEK, KANSAS CITY, MISSOURI

(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 Kollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. Mo.

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.