

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15363**

FILED JUN 3 1954

BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **4149** Registrar's No. **10-1954**

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| 1. PLACE OF DEATH a. COUNTY Crawford | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba | | c. CITY OR TOWN Cuba | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | e. STREET ADDRESS (If rural, give location) 028/0 | |
| c. LENGTH OF STAY (in this place) 38 months | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Rolland b. (Middle) Douglas c. (Last) Fluke | 4. DATE OF DEATH (Month) (Day) (Year) May 7 1954 |
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| 5. SEX male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 30 1959 | 9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months 9 Days 7 IF UNDER 4 HRS. Hours 7 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchandising | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Kinmundy Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Levi Fluke | 13b. MOTHER'S MAIDEN NAME Martha - UNKNOWN | 14. NAME OF HUSBAND OR WIFE WINNERED VAUGHAN PECK |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME D. D. FLUKE ADDRESS Cuba, Mo. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA | | 40 MINUTES |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE DUE TO (c) | | 40 YEARS |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RECENT INJURY BY FALL | | 3 WEEKS | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200F | 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 **APRIL**, 1954, to **MAY 7**, 1954, that I last saw the deceased alive on **MAY 3**, 1954, and that death occurred at **10:33Pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Richard T. Walden M.D. | 23b. ADDRESS Boniton Missouri | 23c. DATE SIGNED May 7-1954 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial | 24b. DATE May 9-1954 | 24c. NAME OF CEMETERY OR CREMATORY Nowata Cemetery | 24d. LOCATION (City, town, or county) (State) Nowata Oklahoma |
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| DATE REC'D BY LOCAL REG. 5.8-1954 | REGISTRAR'S SIGNATURE Paul C. Shanahan 372 | 25. FUNERAL DIRECTOR'S SIGNATURE Rayman C. Hoener ADDRESS Cuba, Mo |
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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.....
Signature of Student Embalmer

Signed... *Harman C. Hoener*

Licensed Embalmer No. *467*

P. O. Address *Cuba, Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.