

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23850

State File No.

No. 300
10.48

FILED JUL 27 1954

0760

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle R.F.D.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home Belle R.F.D.</u>			

3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Fleischmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1954</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 3 1883</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank Bentlage</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Peffer</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Fleischmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Fleischmann</u>	ADDRESS <u>Belle Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c) _____		
II. 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) <u>331X Belle Mo</u>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 16, 1954, to July 16, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Kozal, M.D.</u> (Degree or title)	23b. ADDRESS <u>Belle, Missouri</u>	23c. DATE SIGNED <u>July 17, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koenig</u>	24d. LOCATION (City, town, or county) (State) <u>Belle Mo. R.D.</u>
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DATE REC'D BY LOCAL REG. <u>7/18/54</u>	REGISTRAR'S SIGNATURE <u>T. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>	ADDRESS <u>Spring 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

Vernon M. Weston

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.