

No. 300
10.48

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12772

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) BELLE		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN BELLE
d. FULL NAME OF HOSPITAL OR INSTITUTION HIS HOME, BELLE MO R.D.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.D. 0760	

3. NAME OF DECEASED (Type or Print) WILLIAM FLEISCHMANN			4. DATE OF DEATH April 18 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 22- 1881	9. AGE (In years last birthday) 74	10. MONTH OF BIRTH 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Byron Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Fleischmann	13b. MOTHER'S MAIDEN NAME Barbara Weller	14. NAME OF HUSBAND OR WIFE Eva Francis Fleischmann
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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs Wm. Fleischmann
		ADDRESS Belle, Mo, R.D.

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		INTERVAL BETWEEN ONSET AND DEATH one week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 5 year DUE TO (c) Generalized arteriosclerosis 10 year		
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"/>
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) m.	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 Oct 4, 1954, to Apr. 18, 1955, that I last saw the deceased alive on Apr. 17, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Kozal, M.D.	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 4-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/55	24c. NAME OF CEMETERY OR CREMATORY Francis Cemetery
		24d. LOCATION (City, town, or county) (State) Belle Mo R.D.

DATE REC'D BY LOCAL REG. 4/20/55	REGISTRAR'S SIGNATURE T. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton	ADDRESS Linn Mo
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(Licensed Embalmer's Statement of Reverse Side)

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

760

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..... *Herman M. Monte*

Licensed Embalmer No. *412*

P. O. Address *Lincoln*

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.