

FILED OCT 6 - 1955

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RN: 9972

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29089

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY <u>Butte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>9</u>	c. CITY OR TOWN <u>Ruble</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>FLEENER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 24, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12-28-98</u>
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MC Donald, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USAQ</u>		13. FATHER'S NAME <u>Charles L. Fleener</u>	
13b. MOTHER'S MAIDEN NAME <u>Viola Harper</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>533105152</u>	
(If yes, give war or dates of service) <u>WWI & WWII</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, bilateral with pleural effusion, right base.</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Cellulitis of lower lip & mental area.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Furunculosis of the occipital, suprapubic & axillary areas with secondary dermatitis, venenata.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>491X</u>	
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)	
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 <u>VA</u> <u>Sep 15</u> , 19 <u>55</u> , to <u>Sep 24</u> , 19 <u>55</u> , that the deceased was not a resident of this State and that death occurred at <u>10:35PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. D. BASKETT, M.D., Chief, Medical Service, VA Hospital Poplar Bluff, Mo.</u>		23b. ADDRESS	
23c. DATE SIGNED <u>9-26-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locah</u>	
24d. LOCATION (City, town, or county) (State) <u>Ordway, Colorado</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>	
DATE REC'D BY LOCAL REG. <u>9/30/55</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

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

RECEIVED
OCT 3 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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..... *Grover W. Greer*

Licensed Embalmer No. 296

P. O. Address *Poplar Bluff*

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.