

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27169

STATE FILE NUMBER

3645

FILED SEP 11 1956

Registration District No. 149

Primary Registration District No. 6005

Registrar's No.

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Royall B. Fleming

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION 2630 E. 29th St.			Length of stay in 1b 60 yrs.		d. STREET ADDRESS 2630 E. 29th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First RUBEN Middle STANLEY Last STREET				4. DATE OF DEATH Month 8 Day 16 Year 56					
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 1, 1876		9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Man			10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Williamson County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME James S. Street				14. MOTHER'S MAIDEN NAME Jane Austin					
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. None		17. INFORMANT Address James S. Street 3333 Monroe					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive Cardio-Vascular Disease</i> <i>with Acute Insufficiency</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Acute Pulmonary Edema</i> DUE TO (c) <i>Acute Pulmonary Edema</i>							INTERVAL BETWEEN ONSET AND DEATH 443X		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <i>3-23-55</i> to <i>8-16-56</i> and last saw her alive on <i>8-16-56</i> <i>2 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <i>Royall B. Fleming, M.D.</i>					22b. ADDRESS <i>1433 B-19th St</i>	
22c. DATE SIGNED <i>8-17-56</i>			23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/20/56		23c. NAME OF CEMETERY OR CREMATORY Lincoln		
23d. LOCATION (City, town, or county) (State) Kans. City, Missouri			24. FUNERAL DIRECTOR Watkins Bros. Fn. Hm.		ADDRESS 18th & Benton		25. DATE RECD. BY LOCAL REG. 8-20-56		
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>									

(Licensed Embalmer's Statement on Reverse Side)

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 *Bruce G. Watkins*

Licensed Embalmer No... *45*

P. O. Address... *18th St.*

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.