

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31297**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **29-**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ELSBERRY
d. FULL NAME OF HOSPITAL OR INSTITUTION S. THIRD + GRIFFIN STS.		f. STREET ADDRESS (If rural, give location) S. THIRD ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) FRANK	c. (Last) FLEENER	4. DATE OF DEATH (Month) (Day) (Year) AUG. 23, 1956
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JAN. 18, 1893	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired electrician	10b. KIND OF BUSINESS OR INDUSTRY BROWN SHOE Co.	11. BIRTHPLACE (City and State or Foreign Country) PERRY COUNTY, ILL.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES FLEENER	13b. MOTHER'S MAIDEN NAME RUTH CAMERON	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CORENE FLEENER - Elsberry, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION AC.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **MAY**, 1956, to **AUG**, 1956, that I last saw the deceased alive on **AUG 13**, 1956, and that death occurred at **1 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS ELSBERRY, MO	23c. DATE SIGNED 8/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-25-56	24c. NAME OF CEMETERY OR CREMATORY STAR HOPE	24d. LOCATION (City, town, or county) (State) ELSBERRY, Mo.
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DATE REC'D BY LOCAL REG. 9/27/56	REGISTRAR'S SIGNATURE Mrs. Clarence Kientz	25. FUNERAL DIRECTOR'S SIGNATURE Garland Hicks - Elsberry, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

4-55

DEC 2 1937

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 *[Handwritten Signature]*

Licensed Embalmer No. *4012*

P. O. Address *Elberry, Ill.*

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.