

FILED DEC 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 44612

BIRTH NO. 94332-56 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4113 Registrar's No. 183

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Squires</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield Hospital</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Franklin</u> b. (Middle) <u>Fleetwood</u> c. (Last) <u>Fleetwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-14-1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov-14-1956</u>
9. AGE (In years last birthday) <u>4</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mansfield Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>David Fleetwood</u>	
14. MOTHER'S MAIDEN NAME <u>Josephine Lockman</u>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>new</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. INFORMANT'S SIGNATURE OR NAME <u>David Fleetwood Squires mo</u> ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid 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 <u>776X</u>	
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)		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>11-14</u> , 19 <u>56</u> , to <u>11-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>56</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. C. J. Harlan</u> (Degree or title)		23b. ADDRESS <u>Avon Mo.</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>11-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Murray Squires mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin's Chippingwood Funeral Home</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>12/4/56</u>		REGISTRAR'S SIGNATURE <u>Franklin's Chippingwood Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

Avon, Mo.

RECEIVED 12-12-52  
WRIGHT CO. HEALTH DEPT.  
County File Number 1256-122  
Date Filed 12-19-52

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 *Charles R. Fish*.....

Licensed Embalmer No. *466*

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.