

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8406

State File No. \_\_\_\_\_

FILED APR 5 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u> <u>0407</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 W. 10th</u>		e. STREET ADDRESS (If rural, give location) <u>708 W. 10th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kittie</u>		b. (Middle) <u>Kirsch</u>	
c. (Last) <u>Fleming</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1875</u>
9. AGE (in years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Alexandria, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Phillip Kirsch</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>R. Bain Fleming</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Julian Pyatt</u>		ADDRESS <u>Trenton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? <u>2</u> 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>Feb 8, 1957</u> , to <u>Mar 30, 1957</u> , that I last saw the deceased alive on <u>Mar 30, 1957</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. A. Duffy M.D.</u>		23b. ADDRESS <u>Trenton, Mo.</u>	
23c. DATE SIGNED <u>Apr 1-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>4-2-57</u>		ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1959

JAN 28 1959

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 *Leo G. Whitaker*

Licensed Embalmer No. *47*

P. O. Address *Trenton*

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.