

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20305**

FILED JUN 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **299**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir</b>		
b. CITY OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		Hubble
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Jackson Mo R2</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>A</b> b. (Middle) <b>ugust</b> c. (Last) <b>Herman Fluegge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 9 1873</b>	9. AGE (In years last birthday) <b>84</b>	10. IF UNDER 1 YEAR Months <b>4</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Co MO</b>	
			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>William Fluegge</b>		13b. MOTHER'S MAIDEN NAME <b>Wedekind</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Havenchild</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edwin Fluegge</b>	
				ADDRESS <b>Jackson Mo R2</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		DUPLICATE OF (a) <b>Myocardial Failure</b>			
*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 As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonitis</b>			
		DUE TO (c) <b>Mal Nutrition and Senility.</b>			
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 <b>492x</b>			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 **11/21/1951**, to **6/17/1957**, that I last saw the deceased alive on **6/27/1957**, and that death occurred at **2:25 Pm.** from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Dress title) <b>D. O.</b>		23b. ADDRESS <b>Jackson, Missouri</b>		23c. DATE SIGNED <b>6/18/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 19 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Tillett Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson Mo R2</b>	

DATE REC'D BY LOCAL REG. <b>6-19-57</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Jackson Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*B R Meyer*

Licensed Embalmer No. \_\_\_\_\_

*3051*

P. O. Address \_\_\_\_\_

*Jackson 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 this body is not embalmed; fact should be so stated above.