

FILED DEC 3-1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39129
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 119

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Menger Hosp. Butler/Hosp.		d. STREET ADDRESS (If outside, give location) Rt 1	
3. NAME OF DECEASED (Type or print) First Charles Middle Oscar Last Fluty		4. DATE OF DEATH Month Nov. Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Illinois
13a. FATHER'S NAME Thomas J. Fluty		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Lillie Fluty
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 Lillie Fluty Butler, Mo. Rt 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Carcinoma of prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 197X			INTERVAL BETWEEN ONSET AND DEATH
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 WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1940 to 11-10-1957 and last saw ^{him} alive on 11-10-57 Death occurred at 9:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. L. Hansen M.D.		22b. ADDRESS Butler Mo	
		22c. DATE SIGNED 11-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-1957	
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Mo.	
24. FUNERAL DIRECTOR ADDRESS Culver-Underwood Butler, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 13-1957	
26. REGISTRAR'S SIGNATURE Kendall Kury			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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
Signature of Student Embalmer

Signed *Robert G. Starbuck*

Licensed Embalmer No. *4457*

P. O. Address *Baltimore, Md.*

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.