

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020672

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 26

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-57

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1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OZARK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Houston 1070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ambulance in Route		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Middle Last Lenna Jane Fleenor			4. DATE OF DEATH Month Day Year MAY 16, 1958
5. SEX FEMALE	6. COLOR OR RACE CAUS	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 16, 1923 84
10a. USUAL OCCUPATION (Give kind of work done during 70% of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 7 0
11. BIRTHPLACE (City and state or country) Edgar Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Hiram W. King		13b. MOTHER'S MAIDEN NAME Elizabeth - unknown	14. NAME OF HUSBAND OR WIFE Hilary Fleenor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Alta Roberts Cabook, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident			INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Essential Hypertension 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 10-27-56 to 5-16-58 and last saw her alive on 5-16-58 Death occurred at 6:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Tan M.D.		22b. ADDRESS Box 417, Hardway Mo.	22c. DATE SIGNED 5/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	MAY 18, 1958	Houston Cemetery	Houston, Mo
24. FUNERAL DIRECTOR LYNN EVANS		ADDRESS Houston, Mo.	25. DATE RECD. BY LOCAL REG. May 22-58
26. REGISTRAR'S SIGNATURE Myrtie Craig			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Lowell C. Craig*

Licensed Embalmer No. *4766*
P. O. Address *Hagerstown, 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.