

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006510

FILED FEB 16 1959

STATE FILE NUMBER

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 29

300 0
1-57

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MAAGVILLE</u>		c. CITY OR TOWN <u>Bedford</u> <u>81401</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>Jefferson TWP</u>	
Length of stay in 1b <u>14 Hrs</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Thomas</u> Last <u>Fluke</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>29</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 4 1890</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Atterston, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Charles M. Fluke</u>	13b. MOTHER'S MAIDEN NAME <u>CITY MAY KNOTT</u>	14. NAME OF HUSBAND OR WIFE <u>Azelda Fluke</u>
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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>NONE</u>	17. INFORMANT <u>MRS Azelda Fluke - Blockton Iowa</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pancreatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5870</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.) <u>5870</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Blockton</u>	COUNTY <u>Iowa</u>	STATE <u>Iowa</u>
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21. I attended the deceased from <u>Jan 22, 59</u> to <u>Jan 29 59</u> and last saw ^{her} _{him} alive on <u>Jan 29, 59</u> Death occurred at <u>3p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Frank B Matteson M D</u>	(Degree or title) <u>M D</u>	22b. ADDRESS <u>Grant City, Mo</u>	22c. DATE SIGNED <u>2/2/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-2-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blockton</u>	23d. LOCATION (City, town, or country) <u>Blockton Iowa</u>
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24. FUNERAL DIRECTOR <u>Westmore Funeral Home - Bedford, Ia</u>	ADDRESS <u>Bedford, Ia</u>	25. DATE RECD. BY LOCAL REG. <u>2-9 59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *myself*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *St. Louis*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins*

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.