

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010524

FILED APR 10 1959

Registration District No. 294 Primary Registration District No. 8010 STATE FILE NUMBER 70 Registrar's No. 70

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-57

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY OR TOWN <i>Union</i> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Moberly 0880</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RFD # 2 Moberly</i>		d. STREET ADDRESS <i>RFD # 2</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <i>72 years</i>		4. DATE OF DEATH <i>March-28-1959</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>EMMETT LINWOOD FLEMING</i>		5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June-28-1886</i>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer & Carpenter</i>		9. AGE (In years) <i>72</i> IF UNDER 1 YEAR Months Days Hours Min.	
10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Randolph Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Robert L. Fleming</i>	
13b. MOTHER'S MAIDEN NAME <i>Annie Settles</i>		14. NAME OF HUSBAND OR WIFE <i>Bessie Fleming</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-40-0141</i>	
17. INFORMANT <i>Mrs. Bessie Fleming</i> Address <i>Moberly Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute perforation of myocardium</i> DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>—</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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 <i>July 28 '59</i> to <i>July 28 '59</i> and last saw ^{her} _{him} alive on <i>July 28 '59</i> Death occurred at <i>10:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Will Fleming, Jr M.D.</i> (Degree or title)		22b. ADDRESS <i>Moberly, Mo.</i>	
22c. DATE SIGNED <i>Mar 30 '59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>Mar-31-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	
23d. LOCATION (City, town, or county) <i>Moberly Mo.</i> (State)		24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i> ADDRESS	
25. DATE RECD. BY LOCAL REG. <i>3-31-59</i>		26. REGISTRAR'S SIGNATURE <i>Peablowe</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL causes 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 *R. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Proberly 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.