JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-001545

STATE FILE NUMBER

FILED VS JAN 25 1960 149

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 203

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 66 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6200 Swope Parkway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle DEANE Last FLEENOR

4. DATE OF DEATH: Month 1 Day 12 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4 27 93
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Traffic Mgr
10b. KIND OF BUSINESS OR INDUSTRY: Socony Oil Co
11. BIRTHPLACE (City and state or country): Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A

13a. FATHER'S NAME: J. W. Fleenor
13b. MOTHER'S MAIDEN NAME: Mary McGaw
14. NAME OF HUSBAND OR WIFE: Juanita Fleenor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X X X X
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Audrey Kolb Address: Hickman Mills 10720 Sycamore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronco pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcino - Sarcoma prostate — 14 months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov. 1958, to JAN. 12 1960 and last saw her/him alive on JAN 12, 1960
Death occurred at 3 52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Milton B. Ozar

22a. SIGNATURE: Milton B. Ozar (Degree or title) M.D.
22b. ADDRESS: 701 E. 63RD KC MO
22c. DATE SIGNED: 1-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-15-1960
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Floral Hills Mem. Chapels, Inc ADDRESS: K.C. MO
25. DATE RECD. BY LOCAL REG.: 1-13-60
26. REGISTRAR'S SIGNATURE: Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldwell

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address 15 C mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.