

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 19 1960

139

Primary Registration District No. 4221

Registrar's No. 55

-60-034563

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>HOLT</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOUND City</b>	Length of stay in lb <b>3 yrs</b>	c. CITY OR TOWN <b>MOUND City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>RALPH WILLIAM FLEENER</b>			4. DATE OF DEATH Month Day Year <b>SEPT 10, 1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-27-1910</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FEED SALES MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STOCK FEED</b>		11. BIRTHPLACE (City and state or country) <b>MOUND City, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>PERRY FLEENER</b>		13b. MOTHER'S MAIDEN NAME <b>NANNIE YOCUM</b>		13c. NAME OF HUSBAND OR WIFE <b>BLANCHE FLEENER</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>507-03-5110</b>	17. INFORMANT <b>BLANCHE FLEENER - MOUND City, Mo</b>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
IMMEDIATE CAUSE (a)	<b>Multiple Myeloma</b>	
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m. Month, Day, Year	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 COUNTY STATE

21. I attended the deceased from **June 1960** to **Sept 10 1960** and last saw <sup>her</sup>him alive on **Sept 10 - 1960**  
Death occurred at **8** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>J. B. McRae DO</b>	22b. ADDRESS <b>MOUND City Mo</b>	22c. DATE SIGNED <b>9/13/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-12-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE</b>
		23d. LOCATION (City, town, or county) (State) <b>MOUND City, Mo</b>

24. FUNERAL DIRECTOR <b>James H. Crawford - MOUND City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>9-13-1960</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 23 1960

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed James Crawford  
Licensed Embalmer No. 4796

P. O. Address Thousand Oaks

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