

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036125  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4936

VS 300  
Rev. 4/59

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27020  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF James T. Shelton MEDICAL CERTIFICATION

<b>FILED SEP 23 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY, MISSOURI</b> Length of stay in 1b <b>5 WEEKS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
c. CITY OR TOWN <b>LAKE LOTOWANA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>RR #4, BOX 6W</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EGEL</b> Middle <b>BURNIS</b> Last <b>FLEMING</b>	
4. DATE OF DEATH <b>SEPTEMBER 7, 1963</b> Month <b>SEPTEMBER</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-22-95</b>
9. AGE (last birthday) <b>68 YRS</b>	9. AGE (last birthday) 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>CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FINANCIAL</b>
11. BIRTHPLACE (City and state or country) <b>ANTIOCH, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>ED T. FLEMING</b>	13b. MOTHER'S MAIDEN NAME <b>LAVINA BAILEY</b>
14. NAME OF HUSBAND OR WIFE <b>ANNA MARIE FLEMING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>	
16. <b>RALPH FLEMING (SON) 3235 SMART, KC, MO</b>	
17. <b>VA HOSPITAL OFFICIAL RECORDS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>SMALL BOWEL OBSTRUCTION</b>	
DUE TO (b) <b>ADENOCARCINOMA OF COLON</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)	
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	
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 <b>7:00</b> 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 <b>KANSAS CITY, MO</b> COUNTY STATE	
21. VA attended the deceased from <b>JULY 30, 1963</b> to <b>SEPTEMBER 7, 1963</b> Death occurred at <b>7:00</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Date or title) <i>James T. Shelton</i>	22b. ADDRESS <b>M. D. VA HOSPITAL, KANSAS CITY, MO</b>
22c. DATE SIGNED <b>9-7-63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-10-63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>FREEMAN MORTUARY</b> ADDRESS <b>KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>9-9-63</b>
26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 J. P. Freeman

Licensed Embalmer No. 2939

P. O. Address F. O. 2110

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.

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