

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED AUG 15 1949

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49  
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BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>136</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>11 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WVernon, Mo.</u>		55			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn ( )</u>				d. STREET ADDRESS (If rural, give location) <u>Rt I</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Gene</u> c. (Last) <u>Fleming</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1949</u>						
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single ( )</u>		8. DATE OF BIRTH <u>Mar 16-1943</u>			
9. AGE (In years last birthday) <u>6</u>		10. MONTH <u>4</u>		11. DAY <u>4</u>		12. IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Lawrence Co O</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Charles Fleming</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Norris</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Fleming</u>			ADDRESS <u>WVernon Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral tonsillar abscesses.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Myocardial failure due</u>		<u>12 hrs</u>			
				DUE TO (c) <u>to overwhelming septicemia</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>5100</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No op.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June</u> , 1945, to <u>Feb 19</u> , 1949, that I last saw the deceased alive on <u>July 19</u> , 1949, and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Stanley J. Howard M.D.</u>				23b. ADDRESS <u>WVernon Mo</u>		23c. DATE SIGNED <u>7-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hoover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Merionville Rt. 1 Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 6/1949</u>		REGISTRAR'S SIGNATURE <u>P. E. Sutcliffe</u>		15. FEMERAL DIRECTOR'S SIGNATURE <u>W. P. Fossett</u>		ADDRESS <u>WVernon Mo.</u>			

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-608

Date Filed 8-13-49

**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 .....  
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4485*

P. O. Address *Webb City, 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 this body is not embalmed, fact should be so stated above.