

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24404

86000

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4432 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>PuTnan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PuTnan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>AMON</u> c. (Last) <u>FLESHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 16, 1883</u>
9. AGE (In years last birthday) <u>75</u>		If UNDER 1 YEAR Months <u>7</u> Days <u>25</u> If UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>RICHARD W. FLESHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH PRIEST</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA FLESHMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CLARA FLESHMAN LUCERNE</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>	
19a. DATE OF OPERATION <u>6/5/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</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) (Minute) <u>7:00 A.M.</u>	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>Feb 7</u> , 19 <u>49</u> , to <u>July 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 11</u> , 19 <u>49</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. L. Judd M.D.</u>		23b. ADDRESS <u>Unionville Mo</u>	23c. DATE SIGNED <u>7/12/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEMONS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEMONS, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>7-28-49</u>	REGISTRAR'S SIGNATURE <u>Marvell D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock FUNERAL HOME Unionville, Mo</u>	

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

AUG 5 1949

RECEIVED JUL 30 1949
District Health Officer No. 1
District File Number 7-49-131
Date Filed JUL 30 1949

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.

Signed Richard P. Cassa

Signed _____
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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.

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