

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29793

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

REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3014		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		35 2
d. FULL NAME OF HOSPITAL OR INSTITUTION 2083 South Main St.			d. STREET ADDRESS (If rural, give location) 233 South Main 70		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Marrin		c. (Last) Fleeman	
4. DATE OF DEATH (Month) (Day) (Year) 9 25 49		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 8-30-1887		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disable War Veteran		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sallstillo, Tenn	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Fleeman		13b. MOTHER'S MAIDEN NAME Margie Hamilton	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. #1	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. D. Riddings		ADDRESS Hornersville, Mo.		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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Hypertensive	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Heart Disease		4-201	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter A. Haworth Coroner		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 9-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-27-49		24c. NAME OF CEMETERY OR CREMATORY Horneersville	
24d. LOCATION (City, town, or county) (State) Horneersville Mo		25. FUNERAL DIRECTOR'S SIGNATURE 90 Lentz Funeral Home		ADDRESS Kennett, Mo	
DATE REC'D BY LOCAL REG. Sept 29 1949		REGISTRAR'S SIGNATURE Carl Husband			

OCT 17 1949

RECEIVED OCT 10 1949
District Health Office No. 2,
District File Number 1049-10
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter A. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 2009

P. O. Address Henrietta m

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.