

FILED JUL 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23812

0495

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2041 Registrar's No. 321

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. LENGTH OF STAY (in this place) 41 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | d. STREET ADDRESS (If rural, give location) 635 1/2 Main | |
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Patrick c. (Last) Fleming | | | 4. DATE OF DEATH (Month) (Day) (Year) July 9 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 26 1892 |
| 9. AGE (In years last birthday) 58 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bar operator | |
| 11. BIRTHPLACE (State or foreign country) Pittsburg, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Fleming | | 13b. MOTHER'S MAIDEN NAME Maggie Tierney | |
| 14. NAME OF HUSBAND OR WIFE Hazel Fleming | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Fleming | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT BASILAR SKULL FRACTURE WITH ANTECEDENT CAUSES DUE TO (b) CONTRA COUPE HEMORRHAGE DUE TO (c) INVOLVING RT. CEREBRAL HEMI-SPHERE, EXTENSIVELY 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SPHERE, EXTENSIVELY | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 122 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7th ST. JOPLIN MO. | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER MO. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-9-50 11:30 P.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? FELL AND STRUCK HEAD ON CURB | | 22. I hereby certify that I attended the deceased from DID NOT ATTEND to SAME , 19 50 , that I last saw the deceased dead on 7-9 , 19 50 and that death occurred at _____ m., from the cause and on the date stated above. | |
| 23a. SIGNATURE <i>Walter Ernest Cronquist, M.D.</i> | | 23b. ADDRESS <i>Joplin, Mo.</i> | |
| 23c. DATE SIGNED 7/10/50 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 7-11-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Osborn Memorial | |
| 24d. LOCATION (City, town, or county) (State) Joplin Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Ed. J. ...</i> | |
| DATE REC'D BY LOCAL REG. 7-11-50 | | REGISTRAR'S SIGNATURE <i>Ed. J. ...</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE PARKER-HUNSAKER MORTUARY JOPLIN MO. | | ADDRESS JOPLIN MO. | |

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

RECEIVED 7-17-50
Jasper County Health Office
County File Number 50-7-535
Date Filed 7-17-50

AUG 8 1950

JUL 19 1950

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 *F. M. Jones* _____

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.