

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40326

State File No.

FILED JAN 11 1951

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 15

370

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Owensville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville, Mo. Rural Beaufort</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville, Mo. R.F.D.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>CAROLINA</u> c. (Last) <u>FLEER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec., 12, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1907</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 1 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Beemont, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>

13a. FATHER'S NAME <u>Gustave Knehan</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Hesseman</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Fleer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Samuel Fleer, Owensville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>New marriage from Esophagal Varix</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chronic Congestive Myocarditis</u>				<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Rheumatic Heart Disease</u>				<u>4220</u>	
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) (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 1943 to Dec 12, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas A Schmidt M.D.</u>		23b. ADDRESS <u>Beemont, Missouri</u>		23c. DATE SIGNED <u>12-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beemont Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>Beemont, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12/15/50</u>		REGISTRAR'S SIGNATURE <u>W. M. Mendenhall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ernest R. Ottmann, Beemont, Missouri</u>	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 4 1951

RECEIVED

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 _____



Signed _____
Student Embalmer

Licensed Embalmer No. 4050

P. O. Address Gerald, Missouri

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.