

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 26 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13488

0804  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>403 E. Booneville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 E. Booneville</u>		d. STREET ADDRESS (If rural, give location) <u>403 E. Booneville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>U</u> c. (Last) <u>Fleming</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 14, 1883</u>
9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>67 3 38</u>		11. BIRTHPLACE (State or foreign country) <u>La Monte, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Dispatcher - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry E. Fleming</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Swanson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Gordon Lamm</u>	
16. SOCIAL SECURITY NO. <u>500-10-5066</u>		ADDRESS <u>310 E. 10</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Railroad 406</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis about 7 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic myocardial about 2 yrs.</u>	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial about 2 yrs. degeneration</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4222</u>	
22. I hereby certify that I attended the deceased from <u>4-12 10:00 p.m.</u> , 19 <u>51</u> , to <u>4-12 9:30 p.m.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>51</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Bess, M.D.</u>		23b. ADDRESS <u>Sedalia Mo. April 14, 1951</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>	24b. DATE <u>4-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo. Aug</u>
DATE REC'D BY LOCAL REG. <u>Apr 14, 51</u>	REGISTRAR'S SIGNATURE <u>A. G. Campbell, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros. - 519 So Ohio</u>	

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

**RECEIVED** 4-25-51  
DISTRICT HEALTH OFFICE No: 3  
District File Number -----  
Date Filed 4-25-51 -----

APR 26 1951

**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.....  
Student Embalmer

Signed *K.P.M. Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sedale, 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.