

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. ....

13563

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6944 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Packville</u> c. LENGTH OF STAY (If this place) <u>66 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Packville Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles N. — 0830</u>	

3. NAME OF DECEASED (Type or Print) <u>David Francis Fleming</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 - 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>June 11, 1876</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Waldron Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Wm Fleming</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C. Dunagan</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 dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alex Fleming Packville 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis</u>		
	DUE TO (c) _____		
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 <u>334x</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)	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 April 24, 1951, to April 24, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 9:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.M. Miller M.D.</u> (Degree or title)	23b. ADDRESS <u>Platte City, Missouri</u>	23c. DATE SIGNED <u>4/28/51</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Packville Mo</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Apr 28-51</u>	REGISTRAR'S SIGNATURE <u>Ruthie Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weland &amp; Francis Packville Mo</u>
---	---	---

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

0830  
Miller



1951 - 4/16  
1876-6-11  
74-10-13

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, ~~by~~

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leland H. Francis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.