

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31216**

FILED OCT 9 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6059** Registrar's No. **52**

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

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2 Humansville</b>		c. LENGTH OF STAY (in this place) <b>8 mos.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R #2</b>	
		d. STREET ADDRESS (If rural, give location) <b>Humansville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Jefferson</b> c. (Last) <b>Fleming</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 20 51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Oct. 10, 1899</b>	9. AGE (in years last birthday) <b>51</b>	10. UNDER 1 YEAR Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Emporia, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Thomas Jefferson Fleming</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Clay</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Jordan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #1</b>	16. SOCIAL SECURITY NO. <b>513-16-0843</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Irene Choate, Winslow, Ariz</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Farrall B. Boardman, Coroner</b>	23b. ADDRESS <b>Osceola Mo</b>	23c. DATE SIGNED <b>9-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-23-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Manlewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Emporia, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>9-22-51</b>	REGISTRAR'S SIGNATURE <b>Yuth Seavers</b>	288	FUNERAL DIRECTOR'S SIGNATURE <b>Trimm Funeral Home</b>	ADDRESS <b>Humansville Mo.</b>
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DEC 3 1951  
**RECEIVED**

10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-8-51

JAN 4 1952

MADE BY

OCT 9 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.