

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9407

State File No.

FILED MAR 19 1952

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

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>416</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Hope, Mo.</u> <u>0760</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rolla, Mo.</u> <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>			b. (Middle) <u>Fleck</u>			c. (Last) <u>Fleck</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9th, 1952</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb 2nd, 1868</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>1</u> Months <u>3</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Casper Leimkuehler</u>			13b. MOTHER'S MAIDEN NAME <u>Polly Adkins</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Fleck</u> <i>(dec)</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm S. Miller</u> ADDRESS <u>Hope, 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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Not of sound mind.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (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 <u>Nov 2, 1950</u> , to <u>March 9, 1952</u> , that I last saw the deceased alive on <u>March 9, 1952</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Abidney McFarland</u>				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>3/9/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oklahoma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freedom, Mo. R D</u>		
DATE REC'D BY LOCAL REG. <u>Mar 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna ...</u> ADDRESS <u>Morris Funeral Service, Lim, Mo.</u>				

County File Number _____
Date Filed March 18, 1952

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.

Signed Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lincoln 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.