

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25384**

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5993		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY PUTNAM 0860				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM 0860			
b. CITY OR TOWN LUCERNE Medicine		c. LENGTH OF STAY (in this place) 5 YRS.		c. CITY OR TOWN LUCERNE		d. STREET ADDRESS (If rural, give location) LLLL	
d. FULL NAME OF HOSPITAL OR INSTITUTION LLLL							
3. NAME OF DECEASED (Type or Print) a. (First) CLARA			b. (Middle) _____		c. (Last) FLESHMAN		4. DATE OF DEATH JULY 19, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEBRUARY 8, 1876		9. AGE (in years last birthday) 76	10. UNDER 1 YEAR Months 5 Days II	11. UNDER 1 MO. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) PUTNAM COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME HENRY VERMILLION		13b. MOTHER'S MAIDEN NAME SARAH M. McADAMS		14. NAME OF HUSBAND OR WIFE CHARLES AMON FLESHMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CHARLES FLESHMAN LAWRENCE, KANSAS ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism		INTERVAL BETWEEN ONSET AND DEATH _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 443 X				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 7-19, 1952 , to 7-19, 1952 , that I last saw the deceased alive on 7-19, 1952 , and that death occurred at II:10P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. W. McDonald Dr. with Missouri M.D.				23b. ADDRESS _____		23c. DATE SIGNED 7-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 22, 1952	24c. NAME OF CEMETERY OR CREMATORY LEMONS CEMETERY		24d. LOCATION (City, town, or county) (State) LEMONS, MISSOURI		
DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE Marvell Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE CO-Stock FUNERAL HOME ADDRESS UNIONVILLE, MO.			

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

EX-31 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.

Student
Student Embalmer

Signed John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.