

No. 300  
10.48

105  
0  
FEB OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30729

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Hodge</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woyes Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALEXANDER</u>	b. (Middle) <u>FLEMING JR.</u>	c. (Last) <u>FLEMING JR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30th 1952</u>
-------------------------------------	-----------------------------	--------------------------------	------------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5-31-1945</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Alexander Fleming Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE _____
---	--	-----------------------------------

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alexander Fleming Lexington Mo</u>	ADDRESS _____
--	-------------------------------	---	---------------

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) <u>Tuberculosis lumbar spine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis meningitis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>010X</u>			

19a. DATE OF OPERATION <u>9/27/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Aspiration of lumbar - basal ganglia after removal of meningitis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Lexington</u> (STATE) <u>Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from Sept 16, 1952, to Sept 30, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23. SIGNATURE <u>William A. Hottel, M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>10-1-52</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 1st 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lexington</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct 1 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer 31</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart H. Palmer</u>	ADDRESS <u>Columbia Mo</u>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 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

*Stuart D. Parker*

Licensed Embalmer No. 2900

P. O. Address Columbia 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.