.S. No. 300
EV. 10.48

FILED DEC 13 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38661

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5190

0

1. PLACE OF DEATH

a. COUNTY: Jacks on

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): 5 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Jackson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

d. STREET ADDRESS (If rural, give location): 7206-Bellefontaine

3898

3. NAME OF DECEASED (Type or Print): a. (First) Coonrod b. (Middle) R. c. (Last) Flesher

4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 52

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2

8. DATE OF BIRTH: Nov 7 1866

9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IOWA 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Samuel Flesher

13b. MOTHER'S MAIDEN NAME: Elmira Lemon

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NoNe

17. INFORMANT'S SIGNATURE OR NAME: C. D Gipson ADDRESS: Trenton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & Pulmonary Congestion & Edema

ANTECEDENT CAUSES

Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH: 491X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1952, *to* Nov. 27, 1952, *that I last saw the deceased alive on* Nov. 27, 1952, *and that death occurred at* 9:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward H. Stratemeier (Degree or title) Edward H. Stratemeier W. D. MD

23b. ADDRESS: 24th & Cherry Sts.

23c. DATE SIGNED: 11/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4

24b. DATE: 11-28-52

24c. NAME OF CEMETERY OR CREMATORY: Trenton Mo.

24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: 11-28-52

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Freeman, Mortuary, Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Walter H. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 4352

P. O. Address Kan. City 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.