No. 300
10-48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39625

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381 Registrar's No. 267

740

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hopkins
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hopkins 0740
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle): Forest
c. (Last): Fleming

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAR. 4-1874
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station
10b. KIND OF BUSINESS OR INDUSTRY: Phillips Petroleum Co
11. BIRTHPLACE (State or foreign country): Hopkins Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel L. Fleming
13b. MOTHER'S MAIDEN NAME: Martha Jane Laughton
14. NAME OF HUSBAND OR WIFE: Gertrude Fleming

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.: 443-05-6760 A
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gertrude Fleming — ADDRESS: Hopkins, 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): Chronic Valvular disease of heart — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4214
20. AUTOPSY? YES ☐ 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* 1/1, 1946 *to* 12/4, 1952 *~~that I~~ last saw the deceased alive on* 12/4, 1952 *~~and that~~ death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Hill M.D.
23b. ADDRESS: Hopkins
23c. DATE SIGNED: 12/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6-1952
24c. NAME OF CEMETERY OR CREMATORY: Hopkins
24d. LOCATION (City, town, or county) (State): Hopkins Mo

DATE REC'D BY LOCAL REG.: 12-13-52
REGISTRAR'S SIGNATURE: Bess Holt 22110
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Swanson — ADDRESS: Hopkins, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins 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.