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STANDARD CERTIFICATE OF DEATH

7171

State File No.

FILED FEB 25 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5990</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>63 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON TOWNSHIP</u>		<u>0860</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUCERNE</u>				d. STREET ADDRESS (If rural, give location) <u>LUCERNE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHLOE</u> b. (Middle) <u>ANN</u> c. (Last) <u>FLESHMAN</u>			4. DATE OF DEATH <u>FEB. 15 1953</u> (Month) (Day) (Year)					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 14 1885</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR <u>2</u> Months		IF UNDER 24 HOURS <u>1</u> Days		IF UNDER 24 HOURS <u>1</u> Hours <u>0</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>N. B. PICKENPAUGH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LINDA GRAY</u>		14. NAME OF HUSBAND OR WIFE <u>GUY E. FLESHMAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GUY E. FLESHMAN</u> ADDRESS <u>LUCERNE, MO.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary carcinoma both lungs - with bilateral effusion</u> ANTECEDENT CAUSES <u>Primary carcinoma of left breast</u> DUE TO (b) <u>breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Exhaustion - 165X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2475?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma, No CA plates case</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) _____		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>2-11-52</u> , 19____, to <u>2-15</u> , 195 <u>2</u> , that I last saw the deceased alive on <u>2-13</u> , 195 <u>3</u> and that death occurred at <u>8:40 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Comstock</u>				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>2/16/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 17 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>2-19-53</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266j</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> BY <u>J. W. Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>		

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James W Comstock
Licensed Embalmer No. 4197

P. O. Address Yonkers, 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.