

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

184788
State File # 117-1111
REGISTRAR'S NO. 2141

FILED MAY 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>0092</u>		REGISTRAR'S NO. <u>2141</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits; write RURAL and give township) <u>Oronogo</u> d. STREET ADDRESS (If rural, give location) <u>0</u>				
b. CITY OR TOWN <u>Oronogo</u>		c. LENGTH OF STAY (in this place) <u>53yrs</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>Oronogo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>KITTY FLEMING</u>				4. DATE OF DEATH <u>May 18, 1953</u>				
a. (First) <u>KITTY</u>		b. (Middle) _____		c. (Last) <u>FLEMING</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 7, 1870</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Amesworth, Nebraska</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Wolfe</u>		14. NAME OF HUSBAND OR WIFE <u>Issac N. Fleming (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Fleming</u> ADDRESS <u>Pittsburg, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u> 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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) _____		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>5/2</u> , 19 <u>53</u> , to <u>7/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>53</u> , and that death occurred at <u>12:55A.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>George H. Smith M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>5/19/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oronogo Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-21-53</u>		REGISTRAR'S SIGNATURE <u>Mr. Madeline Surtan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Mo.</u>				

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

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RECEIVED 5-25-53
Jasper County Health Office

County File Number 53-5-452

Date Filed 5-25-53

APR 4 1963

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb 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.