

**STANDARD CERTIFICATE OF DEATH**

**25429**

State File No. \_\_\_\_\_

**FILED JUL 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 144

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage Rt. # 4</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Twn.</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Twn.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Fleck</u> c. (Last) <u>Webb</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7-8-1953</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	
<b>8. DATE OF BIRTH</b> <u>12-27-1869</u>		<b>9. AGE</b> (In years last birthday) <u>83</u>		<b># UNDER 1 YEAR</b> Months _____ Days _____	
<b># UNDER 1 YEAR</b> Hours _____ Mins. _____		<b>10a. USUAL OCCUPATION</b> (If his kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Rt. #4 Carthage, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		

<b>13a. FATHER'S NAME</b> <u>Josph Fleck</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rebecca</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Barbara Fleck</u> <b>ADDRESS</b> <u>Carthage, Missouri</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BURNS FATAL (OVER 2/3 BODY SURFACE)</u>		DUE TO (b) _____			
DUE TO (c) _____		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILE MENTAL DEGENERATIVE CHANGES</u>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>E. 9/160</u> <u>16</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>ACCIDENT</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>MARION JASPER MO.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> APPARENTLY <u>ACCIDENTALLY</u> <u>SET HER CLOTHES ON FIRE</u>	

**22. I hereby certify that I attended the deceased from** (DID NOT ATTEND), 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Joplin Mo, Dist. Nat'l Rd</u>		<b>23c. DATE SIGNED</b> <u>7/10/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>7-11-1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Stone Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Jasper County Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u> <b>ADDRESS</b> <u>Ulmer Funeral Home Carthage, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>7-11-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			

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

RECEIVED

7-20-53

Jasper County Health Office

County File Number 599

Date Filed 7-20

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 William B. Cantrell

Licensed Embalmer No. 4830

P. O. Address Parthys M

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.