

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28107

State File No.

BIRTH NO. 50525 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. CITY OR TOWN <u>Centertown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>0260 Centertown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Charles E Still Osteopathic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kent</u>		b. (Middle) <u>None</u>	c. (Last) <u>Fluegel</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 9 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Aug 9 1953</u>
9. AGE (In years last birthday) <u>—</u>	10. UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	11. IF UNDER 24 HRS. Hours <u>—</u> Min. <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Walter Adam Fluegel</u>		13b. MOTHER'S MAIDEN NAME <u>Hydia Francis Heidbreder</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter A. Fluegel</u> ADDRESS <u>Centertown, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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.	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Toxin of Preg due to Chronic Glomerulonephritis</u>	
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774x</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>8-9</u> , <u>1953</u> , to <u>8-9</u> , <u>1953</u> , that I last saw the deceased alive on <u>8-9</u> , <u>1953</u> , and that death occurred at <u>11:30</u> <u>a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Garland M. Spivey, M.D.</u>		23b. ADDRESS <u>Centertown</u>	
23c. DATE SIGNED <u>8/9/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 10 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calverton</u>		24d. LOCATION (City, town, or county) (State) <u>Calverton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 10 1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh H. Russell</u>		ADDRESS <u>Centertown, Mo</u>	

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 ^{Not}embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Hugo N Schubert*
Licensed Embalmer No. *2820*
P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.