

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43596

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5727 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Narrows</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Excello</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Narrows</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Charles</u> c. (Last) <u>Fleener</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1889</u>	9. AGE (In years last birthday) <u>64</u>	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) <u>Filling Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Taintor, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>P.V. Fleener</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Faulkner</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Fleener</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>	16. SOCIAL SECURITY # <u>478-26-4436NO. 478 26 4213</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Fleener</u> ADDRESS <u>Excello Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Fast</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck, Fractured</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Skull at Base, Injures</u>		
DUE TO (c) <u>Auto Accident</u>		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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>061</u> (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 28 53 11:45 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Hutton Coroner</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>Dec 29 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 29 53</u>	24c. NAME OF CEMETERY OR CREMATORY - <u>United Brotherhood</u>	24d. LOCATION (City, town, or county) (State) <u>Newton, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>12/30/53</u>	REGISTRAR'S SIGNATURE <u>Paul M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u> ADDRESS <u>Macon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610  
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JAN 16

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 13-5237  
Date Filed 1-4-54

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 Charles L. Hutloir

Licensed Embalmer No. 4577

P. O. Address Macon, 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.