

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4829

FILED FEB 18 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 542

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place)<br><u>1927</u> | c. CITY OR TOWN <u>Kansas City</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>800 Forest</u>                                       |  | e. STREET ADDRESS (If rural, give location)<br><u>800 FOREST</u> <u>3158</u><br><u>0</u>  |  |

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|--|------------------------------------|-------------|--------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Nancy E. (Natie)</u> | b. (Middle) | c. (Last) <u>Fleming</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>2</u> <u>2</u> <u>54</u> |
|--|------------------------------------|-------------|--------------------------|---|

|                         |                                  |  |  |  |  |                                 |
|-------------------------|----------------------------------|--|--|--|--|---------------------------------|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>Feb 4, 1876</u> | 9. AGE (in years last birthday)<br><u>77</u> | IF UNDER 1 YEAR<br>Months Days Hours Mins. | IF UNDER 24 HRS.<br>Hours Mins. |
|-------------------------|----------------------------------|--|--|--|--|---------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Platte City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u> |
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| 13a. FATHER'S NAME<br><u>Harry Walker</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Hartman</u> | 14. NAME OF HUSBAND OR WIFE<br><u>—</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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Clayton Walker</u> | ADDRESS<br><u>224 Ottawa Leav' Kans</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><u>of Jobar Pneumonia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>490x</u> |
|   | ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> |  |   |
|   | DUE TO (b)<br><br>DUE TO (c)   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  |  |  |   |

|                        |                                  |   |
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| 18a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Natural</u> | 21b. PLACE OF INJURY (e.g., face about home, farm, factory, street, office, etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)<br><u>m.</u> | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 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.

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| 23a. SIGNATURE<br><u>Hugh H. Owens</u> (Degree or title)<br><u>Dr. Hugh H. Owens Coroner</u> 3 | 23b. ADDRESS<br><u>1035 Pearl St. Bldg.</u> | 23c. DATE SIGNED<br><u>2-2-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>2-3-54</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Hubble Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Tongonoxie, Kansas</u> |
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|   |   |   |                             |
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| DATE REC'D BY LOCAL REG.<br><u>2-3-54</u> | REGISTRAR'S SIGNATURE<br><u>Genevieve Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Sebbeto Funeral Home</u> | ADDRESS<br><u>K. C. Mo.</u> |
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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 embalmed by me, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forest D. Coldenow*.....

Licensed Embalmer No. *471*.....

P. O. Address *K. C. Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.