

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14664**

FILED MAY 5 1954

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4521 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSTON</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HILAREY</u> b. (Middle) <u>B.</u> c. (Last) <u>FLEENOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 24 1954</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 15 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>TEXAS CO MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ELISHA FLEENOR</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY HAMILTON</u>		14. NAME OF HUSBAND OR WIFE <u>LENNA FLEENOR</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 ADDRESS <u>LOWELL FLEENOR HOUSTON MO</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several wk</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis 7 yrs.</u>		
	DUE TO (c) <u>Generalized arteriosclerosis 10 yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
19c. DATE 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) m.		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 3/22 1954, to 4/24 1954, that I last saw the deceased alive on 4/23 1954, and that death occurred at 5:36 P.M. 1954, from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <u>Deem B. Kelly MD</u>		23b. ADDRESS <u>Houston Mo</u>		23c. DATE SIGNED <u>4/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOUSTON</u>	
24d. LOCATION (City, town, or county) (State) <u>HOUSTON MO</u>		24e. NAME OF CEMETERY OR CREMATORY <u>HOUSTON</u>		24f. LOCATION (City, town, or county) (State) <u>HOUSTON MO</u>	

DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott Funeral Home Houston MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Frank E. Hood

Licensed Embalmer No. *4026*

P. O. Address *Houston Md*

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.