

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1509

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 5591		Registrar's No. 1													
1. PLACE OF DEATH a. COUNTY JEFFERSON 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY JEFFERSON											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO RURAL (CENTRAL) TOWNSHIP		c. LENGTH OF STAY (in this place) 30 MIN.		c. CITY OR TOWN DE SOTO		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
d. FULL NAME OF HOSPITAL OR INSTITUTION HY #21 N. OF HILLSBORO MO				e. STREET ADDRESS (If rural, give location) 417 JEFFERSON ST. 05020															
3. NAME OF DECEASED (Type or Print) FRANCIS PETER FLEMING SR.			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN. 8 1955							
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JULY 2 1893		9. AGE (In years last birthday) 61		if UNDER 1 YEAR Months		if UNDER 6 MRS. Hours Mfn.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. OFFICE MANAGER INT. SHOE CO.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) BAWLING GREEN KY.				12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME PATRICK FLEMING				13b. MOTHER'S MAIDEN NAME MARY POWERS				14. NAME OF HUSBAND OR WIFE ESTELLE FLEMING											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 493-01-2282				17. INFORMANT'S SIGNATURE OR NAME C.P. FLEMING				ADDRESS DE SOTO MO.							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart DUE TO (c) Disease - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 30 minutes							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS 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)				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 12-8-1954, to 1-8-1955, that I last saw the deceased alive on 1-7-1955, and that death occurred at 6 p. m., from the causes and on the date stated above.																			
23a. SIGNATURE Joseph E. Carney MD						(Degree or title)						23b. ADDRESS Goodview St				23c. DATE SIGNED 1-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE JAN. 11 1955				24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM				24d. LOCATION (City, town, or county) (State) De SOTO MO.							
DATE REC'D BY LOCAL REG. 1-12-55				REGISTRAR'S SIGNATURE Kathleen Maize 141				25. FUNERAL DIRECTOR'S SIGNATURE Donald B. Datcher				ADDRESS De SOTO MO.							

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

~~XXXXXXXXXX~~

JAN 20 1955

JAN 24 1955

FEB 12 1955

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.....  
Signature of Student Embalmer

Signed *Irnell B. Butler*

Licensed Embalmer No. 4104

P. O. Address *Depto*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.