

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11417

State File No.

FILED APR 26 1955 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 55-28

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give town) Greenfield		c. LENGTH OF STAY (In this place) 6 months	c. CITY OR TOWN Greenfield
d. FULL NAME OF HOSPITAL OR INSTITUTION South part of town		STREET ADDRESS (If rural, give location) South part of town	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Jefferson c. (Last) Fleeman			4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Day Labor	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Patrick Fleeman	13b. MOTHER'S MAIDEN NAME Laura Belle Mitchell	14. NAME OF HUSBAND OR WIFE Annie Fleeman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Fleeman	ADDRESS Greenfield, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	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) _____ DUE TO (c) _____		
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 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)
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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?
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22. I hereby certify that I attended the deceased from **4-22**, 19**55**, to **4-22**, 19**55**, that I last saw the deceased alive on **4-22**, 19**55** and that death occurred at **11:30a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Cowan M.D.	(Degree or title)	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 4-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 26, 1955	24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. 4-22-55	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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WRITE PLAINLY—USING UNEADING 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. C. Canada*.....
Licensed Embalmer No. *419*.....
P. O. Address *Greenfield*.....

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.