

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 101

880

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

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Sugar Creek</i>		c. CITY OR TOWN <i>Moberly</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>Life</i>		STREET ADDRESS (If rural, give location) <i>R.F.D. #2</i> <span style="float: right;">0880</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.F.D. #2 Moberly</i>			

3. NAME OF DECEASED (Type or Print) <i>WILLIAM EDGAR FLEMING</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 27-1955</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 29-1876</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farming</i>		105. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Randolph County MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Robert Larkin Fleming</i>		13b. MOTHER'S MAIDEN NAME <i>Melissa Ann Settle</i>		14. NAME OF HUSBAND OR WIFE <i>Lena Fleming</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or for unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Edgar Fleming</i>	
				ADDRESS <i>Moberly, Mo.</i>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Crushed chest</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
	ANTECEDENT CAUSES Morbidity 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.  <i>E9121 3</i>		

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) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>088 Randolph</i> (COUNTY) (STATE) <i>MO</i>
21d. TIME OF INJURY <i>4-27-55 3:35P m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Tractor turned over in ditch, rebound</i>

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 3:45P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. S. Jolly Sr.</i>	(Degree or title) <i>Covered</i>	23b. ADDRESS <i>Moberly, Mo</i>	23c. DATE SIGNED <i>4/29/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 30-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Summit Memorial Gardens</i>	24d. LOCATION (City, town, or county) (State) <i>Moberly, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>4-30-55</i>	REGISTRAR'S SIGNATURE <i>Coakelove</i>	269-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>Cater Funeral Home</i>	ADDRESS <i>Moberly, Mo</i>
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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.....  
Signature of Student Embalmer

Signed *Jerry R. Carter*.....

Licensed Embalmer No. *4906*

P. O. Address *Mobile, Ala.*

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.