

FILED JUN 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18059

State File No.

| | | | | | | | |
|--|----------------------------------|---|---|---|--|--|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>71</u> | | PRIMARY REG. DIST. NO. <u>4128</u> | | Registrar's No. <u>58</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri City</u> | | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs.</u> | | c. CITY OR TOWN <u>Missouri City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Delaney</u> | | | | • STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SETH</u> b. (Middle) <u>F.</u> c. (Last) <u>FLEMING</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-55</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 15-1881</u> | | 9. AGE (in years last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug Genl</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holtan Kans.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jesse Winston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harmon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Paul M Fleming</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul M Fleming No. City, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastases, Generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Prostate</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> | |
| 19a. DATE OF OPERATION <u>Nov. 54</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u> | | | | 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 <u>Nov.</u> , 19 <u>54</u> , to <u>June 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 16</u> , 19 <u>55</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Glenn W. Henderson M.D.</u> | | | | 23b. ADDRESS <u>Liberty, Mo</u> | | 23c. DATE SIGNED <u>6/18/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | | 24b. DATE <u>June 18-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Missouri City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>6/18/55</u> | | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Phoebe Archer</u> | | ADDRESS <u>Liberty, Mo.</u> | |

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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold H. Smith*.....

Licensed Embalmer No. *45*.....

P. O. Address *Liberty*.....

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.