

STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1955

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>XX</u>		e. STREET ADDRESS (If rural, give location) <u>Pershing Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Lena</u> c. (Last) <u>Fleming</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-55</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 28-89</u>		9. AGE (In years last birthday) <u>65</u>			if UNDER 1 YEAR Months _____ Days _____	if UNDER 18 yrs. Hours _____ Mins _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
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13a. FATHER'S NAME <u>J M Howald</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Mier</u>		14. NAME OF HUSBAND OR WIFE <u>John H Fleming</u>	
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John H Fleming</u>			ADDRESS <u>Salem Mo</u>
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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, asphyxia, 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)		<u>myocardial degeneration</u>				<u>3 yrs</u>
ANTECEDENT CAUSES		<u>rheumatic heart disease</u>				<u>55 yrs</u>
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 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) (Min)	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 1945, 1955, to 6-12, 1955, that I last saw the deceased alive on 6-11, 1955, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jos S. Woodard, M.D.</u> (Degree or title)		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>6-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-14-55</u>	REGISTRAR'S SIGNATURE <u>R. E. Mitchell, Jr. M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Johnson</u>		ADDRESS <u>Salem Mo.</u>
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JUL 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.....
Carl H. Spencer

Licensed Embalmer No. 237

P. O. Address.....
J. R. M.

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.