No. 300
10-48

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30501

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: ST. CLAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): APPLETON CITY
c. LENGTH OF STAY (in this place): 2 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLETT Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville, Mo (Rural)
d. STREET ADDRESS (If rural, give location): 0070 1

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): Frank
c. (Last): Fleischer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6 - 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): No
8. DATE OF BIRTH: Oct. 29 - 53
9. AGE (In years last birthday): 1 — If under 1 year: Months 11, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Appleton City Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Otto Fleischer
13b. MOTHER'S MAIDEN NAME: Edna Rutt Miller
14. NAME OF HUSBAND OR WIFE: None

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: Otto Fleischer — **ADDRESS**: Rockville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemophilia — Congenital
DUE TO (c): trauma to head from fall — 16 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 9040 21

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. CITY, TOWN, OR TOWNSHIP: Rockville — (COUNTY): Bates — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 5 1955 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Baby fell striking cranium on floor.

22. *I hereby certify that I attended the deceased from* 1 July, 1954, *to* 6 OCT, 1955, *that I last saw the deceased alive on* 6 OCT, 1955, *and that death occurred at* 11.40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H. Giesler (Degree or title): M.D.
23b. ADDRESS: Appleton City Mo
23c. DATE SIGNED: 7 OCT 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-8-55
24c. NAME OF CEMETERY OR CREMATORY: Prairie City Lutheran
24d. LOCATION (City, town, or county) (State): Prairie City Mo.

DATE REC'D BY LOCAL REG.: Oct. 7. 1955
REGISTRAR'S SIGNATURE: Cleo Abney
25. FUNERAL DIRECTOR'S SIGNATURE: Orson Ecthoff — **ADDRESS**: Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Oscar Eddy

Signed.....
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton Wis

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 this body is not embalmed, fact should be so stated above.