

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37558

State File No.

FILED NOV 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>4342</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS</u> b. (Middle) _____ c. (Last) <u>FLEAHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 5 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>Feb 15 1869</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Woodspfield Ohio</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>JOHN FLEAHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Fleahman</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 <u>Wm Fleahman</u> ADDRESS <u>Jonesburg 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of LIVER</u> DUE TO (c) <u>ARTERIO SCLEROTIC NEPHRITIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>P</u> <u>P</u>	
19a. DATE OF OPERATION <u>Nov</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Acc</u>		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) m.		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>Aug 29</u> , 19 <u>55</u> , to <u>Nov 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE. (Degree or title)? <u>James O. Helm MD</u>				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>11-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14-1955</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Becking</u>		ADDRESS <u>Jonesburg Mo</u>	

(Licensed Emballer's Statement on Reverse Side)

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

0700

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
Student Embalmer

Signed Paul A. Harding

Licensed Embalmer No. 4118

P. O. Address Frederick Md.

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.