

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39817

State File No. _____

66

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Butler 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 15 years
OR TOWN Poplar Bluff (Rural) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff

d. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION Beaver Dam Hosp d. STREET ADDRESS (If rural, give location) Route One - Shearings Camp

3. NAME OF DECEASED a. (First) Branford b. (Middle) _____ c. (Last) Flemming 4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1955

5. SEX Female 6. COLOR OF RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH 11-24-1902 9. AGE (In years last birthday) 52 10. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Ripley Tenn 12. CITIZEN OF WHAT COUNTRY USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housewife 13a. FATHER'S NAME Levy Martin 13b. MOTHER'S MAIDEN NAME Lucinda Brass 14. NAME OF HUSBAND OR WIFE Joe Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Joe Fleming - Poplar Bluff Mo ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) Primary Adenocarcinoma Rectosigmoid 2 1/2 yrs

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154x

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from August, 1953, to 12-17, 1953, that I last saw the deceased alive on May, 1953, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS Poplar Bluff Mo 23c. DATE SIGNED 12-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-24-1955 24c. NAME OF CEMETERY OR CREMATORY Cropperville 24d. LOCATION (City and county) (State) Butler, Mo.

DATE REC'D BY LOCAL REG. 12/23/55 REGISTRAR'S SIGNATURE W. D. Wheeler 25. FUNERAL DIRECTOR'S SIGNATURE Fred Smith - Directors, Mo. ADDRESS _____

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

RECEIVED
DEC 28 1955
BUTLER CO. HEALTH CENT
FILE No. _____

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

Geoff Smith

Licensed Embalmer No. 4408

P. O. Address Leicester, Mo.

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.