

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 93

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                                                                              |                                                              |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |                                                              |                                                                                                                                   |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br>OR TOWN <b>St. Joseph,</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                 | c. LENGTH OF STAY (in this place)<br><b>18yrs</b>                                      | c. CITY OR TOWN <b>St. Joseph,</b>                                                                                                           |                                                              | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Idle Hour Nursing Home</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | e. STREET ADDRESS (If rural, give location) <b>Rural Rt #4</b>                                                                               |                                                              |                                                                                                                                   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Cleveland</b> b. (Middle) <b>D</b> c. (Last) <b>Flesher</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 24 1956</b>                                                                                 |                                                              |                                                                                                                                   |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                                                                  | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                                                                                                                                                                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>                 | 8. DATE OF BIRTH <b>Oct. 5, 1884</b>                                                                                                         | 9. AGE (In years last birthday) <b>71</b>                    | IF UNDER 1 YEAR Months _____ Days _____                                                                                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Work</b>                                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>Kearney Mo</b>                                                                         |                                                              | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                                                                        |
| 13a. FATHER'S NAME <b>George Flesher</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                 | 13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Murphy</b>                                 |                                                                                                                                              | 14. NAME OF HUSBAND OR WIFE <b>None given</b>                |                                                                                                                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                                                                         | 16. SOCIAL SECURITY NO. <b>no</b>                                                                                                                                                                                                                                                                                                                                                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. C.A. Lard, Rt #4, St. Joseph,</b> |                                                                                                                                              |                                                              |                                                                                                                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                                                      | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Cerebral Hemorrhages with partial di plegia.</b><br>ANTECEDENT CAUSES<br><b>Generalized Arteriosclerosis.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |                                                                                        |                                                                                                                                              |                                                              | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 month</b><br><br><b>Unk.</b>                                                             |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                              | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                                                                                              |                                                              | 20. AUTOPSY?<br>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) 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>2/21</u> <sup>1955</sup> , to <u>1/24</u> <sup>1956</sup> , that I last saw the deceased alive on <u>1/23</u> <sup>1956</sup> , and that death occurred at <u>6:00A</u> <sup>1956</sup> m., from the causes and on the date stated above. |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                                                                              |                                                              |                                                                                                                                   |
| 23a. SIGNATURE<br><b>H F Mundy</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | (Degree or title) <b>MD</b>                                                            |                                                                                                                                              | 23b. ADDRESS <b>2801 Sacramento St. St. Joseph, Missouri</b> | 23c. DATE SIGNED <b>1/25/56</b>                                                                                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                                             | 24b. DATE <b>1/27/56</b>                                                                                                                                                                                                                                                                                                                                                                        | 24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public</b>                           | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo</b>                                                                          |                                                              |                                                                                                                                   |
| DATE REC'D BY LOCAL REG. <b>JAN. 30, 1956</b>                                                                                                                                                                                                                                                       | REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                        | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>St. Joseph, Mo</b>                                                                            |                                                              |                                                                                                                                   |

(Licensed Embalmer, Statement on Reverse Side)

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

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APR 18 1954

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 *Ellie E. Bazzan*.....

Licensed Embalmer No. *479*.....

P. O. Address *La. Jolly*.....

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.