

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7701

FILED FEB 27 1956

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6097</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY OR TOWN <u>Highway # 61 Beaufort</u>		c. LENGTH OF STAY (in this place) <u>None</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>1044 Park Ave 2031</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>Jesse</u> c. (Last) <u>FLEEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-6-1921</u>	
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CUBAN DIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WAC. PRK. CHURCH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Frankclay, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Fleeman</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Fleeman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 42</u>		16. SOCIAL SECURITY NO. <u>488-18-8576</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Fleeman St. Louis, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental</u>  ANTECEDENT CAUSES 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Genevieve Co.</u> (COUNTY) <u>45</u> (STATE) <u>19</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jessie H. Stanton</u> (Degree or title) <u>Covered 3</u>				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>2-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/24/56</u>		REGISTRAR'S SIGNATURE <u>W. W. Baker</u> <u>481-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Laughlin J. H. St. Louis</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

MAY 23 1956

MAY 0 1956

FEB 29 1956

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 *A. G. Farris*.....

Licensed Embalmer No. *338*.....

P. O. Address *H. Law*.....

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.