

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37433

State File No. _____

FILED DEC 7-1956

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Russellville</u>)		c. CITY OR TOWN <u>Russellville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		• STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Adam</u>	b. (Middle) <u>—</u>	c. (Last) <u>Flessa</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1956</u>
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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>Jan. 14, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>	IF UNDER 11 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Centertown, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John F. Flessa</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Rosene Reichel</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Fonzo Flessa</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Archie E. Russell, Russellville</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> <u>1 year</u> DUE TO (c) <u>Chronic Enterocolitis</u> <u>10 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446 X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-26, 1956, to 12-1, 1956, that I last saw the deceased alive on 12-1, 1956, and that death occurred at 10 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Eberhart</u>	23b. ADDRESS <u>E. O. Russell with two</u>	23c. DATE SIGNED <u>12-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 3</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Schubert Russellville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

70

MSD 2-21-1935

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 *Hugo H. Schubert*
Licensed Embalmer No. *2820*

P. O. Address *Russellville*

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.