

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40366

State File No. \_\_\_\_\_

FILED DEC 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 223

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nevada</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Nevada City Hospit.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u> c. CITY OR TOWN <u>Chka</u> c. CITY OR TOWN <u>Hackett</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>RFD # 1</u> <u>\$03 8</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>William</u> c. (Last) <u>Fleury</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov</u> <u>24</u> - <u>1956</u>	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>May 2 - 1890</u>	
<b>9. AGE</b> (In years last birthday) <u>66</u>		<b>10. CITIZENSHIP</b> (If under 1 year) <u>22</u> (If under 2 hrs) <u>Days</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Highway</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Construction</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Oklahoma</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Edward Fleury</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hackett</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Pearl Fleury Ark.</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give way or dates of service) <u>Marine World War I - 1918-1919</u>		<b>16. SOCIAL SECURITY NO.</b> <u>495-05-0375</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Pearl Fleury RFD # Hackett</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hackett</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Multiple strictures of Urethra.</u>		Unknown	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Multiple injuries severe, including</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>Contusions and internal chest injury</u>	
4 days			
<b>19a. DATE OF OPERATION</b> <u>Nov. 23, '56</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Cystotomy - Urethral obstructions.</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Hwy 71-5 1/2 Mi. North of Nevada, 10 4</u>	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Vernon Missouri</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) <u>Nov. 21, 1956 P. m.</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>Head on collision with another car.</u>			
<b>22. I hereby certify that I attended the deceased from <u>Nov. 21, 1956</u>, to <u>Nov. 24, 1956</u>, that I last saw the deceased alive on <u>Nov. 24, 1956</u>, and that death occurred at <u>10:50 A. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>L. P. McCann</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Moore Building, Nevada, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>11-26-56</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>11-25-1956</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Local</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hackett Ark.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-27-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Anna S. Ferry</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hays Funeral Service Inc</u>		<b>ADDRESS</b> <u>Nevada Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4510

1957 FEB 5

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 *H. H. Marmaduke*

Licensed Embalmer No. *2070*

P. O. Address *Prwada, M.*

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.