

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40793

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Bloomfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New Bloomfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi S. New Bloomfield</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>4 mi S. New Bloomfield</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Weslie</u> Middle <u>Olav</u> Last <u>Fleming</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>22</u> Year <u>56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 2 - 1889</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>20</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp. No 1</u>	11. BIRTHPLACE (City and state or country) <u>Callaway Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>T.C. Fleming</u>			14. MOTHER'S MAIDEN NAME <u>Susan Williams</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>544-20-8954</u>	17. INFORMANT Address <u>Hugh Fleming New Bloomfield</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>Jan 1955</u> to <u>Dec 22 - 1956</u> and last saw her alive on <u>Dec 18 - 56</u> Death occurred at <u>4:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Emmett Rusk M.D.</u>			22b. ADDRESS <u>New Bloomfield Mo</u>		22c. DATE SIGNED <u>12/22-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 23 - 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Dexter</u>	(State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Holt-Clypool</u>		ADDRESS <u>New Bloomfield</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 22 56</u>	26. REGISTRAR'S SIGNATURE <u>Leroy Cloyd</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.
 diseases in Part I must be causally related.

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 *Leroy Clayton*.....

Licensed Embalmer No. *441*

P. O. Address *New Bloom*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.