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FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24529
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3479

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence — Inside Limits Yes [ ] No [ ]
3 c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7501 E. 63rd St. — Length of stay in 1b 1 hr.	X d. STREET ADDRESS (If outside, give location) 9825 E. 25th St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First HILDA	Middle MARIE	Last FLEISCHMAN	4. DATE OF DEATH Month Day Year July 22, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Aug. 9, 1922	9. AGE (In years last birthday) 34 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator	10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harve Allen	13b. MOTHER'S MAIDEN NAME Mamie O'Hare	14. NAME OF HUSBAND OR WIFE Fred Fleischman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 489-22-8176	17. INFORMANT Address Fred Fleischman, Independence, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Undetermined, Probable attempted abortion

DUE TO (c) — 1.50

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Corner	22b. ADDRESS 1034 Rialto Bldg	22c. DATE SIGNED 7-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Removal	23b. DATE July 25, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.	25. DATE RECD. BY LOCAL REG. 7-24-57	26. REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

VS MAY 17 1960

KP

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 Harold E. Woodrel

Licensed Embalmer No. 4609

P. O. Address Lindsay, N.Y.

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.