

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004848

STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 23

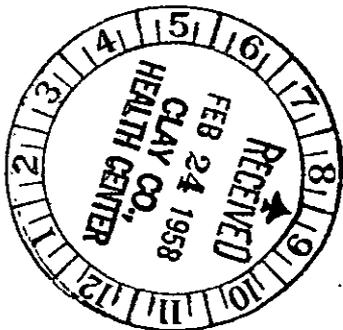
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1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If post-mortem Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u> 0830
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Community Hosp</u>		Length of stay in lb <u>9 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>RFD 2, Bx 86</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gertrude Susan Fleming</u>		4. DATE OF DEATH Month Day Year <u>Feb. 12 - 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 30 - 1888</u>
9. AGE (In years) <u>70</u>		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) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>	11. BIRTHPLACE (City and state or country) <u>Secompton, Kan.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Sulgen</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Deister</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin Fleming Deceased 1951</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Robert Fleming</u> Address <u>Parkville, MO</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>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Endometrium</u> DUE TO (c) <u>(Adeno CA)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yr</u>
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Specify nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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>1955</u> to <u>1957</u> and last saw <u>her</u> alive on <u>2/12/58</u> Death occurred at <u>5:30</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) <u>A. L. Scherer</u>		22b. ADDRESS <u>Platte City, MO</u>	22c. DATE SIGNED <u>2/16/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb 16 - 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Parkville, MO</u>
24. EMERALD DIRECTOR <u>Ieland W. Francis</u>	ADDRESS <u>Parkville, MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Marquerite Higgins</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All 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 *Leland W. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville*

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.