

FILED FEB 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>392</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>5045 N. Troost</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Freda</u> b. (Middle) <u>Jean</u> c. (Last) <u>Fleck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 24, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>		8. DATE OF BIRTH <u>January 16, 1958</u>		9. AGE (in years last birthday) <u>8</u> IF UNDER 1 YEAR <u>8</u> Months <u>1</u> Days <u>36</u> IF UNDER 12 HRS. <u>1</u> Hours <u>36</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Richard Herbert Fleck Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Irene Langford</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Langford Fleck</u> ADDRESS <u>5045 N. Troost K.Mo.</u>						
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INTERNAL HYDROCEPHALUS</u> <u>CONGENITAL MENINGOCYCLE</u> DUE TO (c) <u>HERNIATION OF CEREBELLAR TONSILS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ABSENCE OF RT KIDNEY & HYDRONEPHROSIS OF LEFT</u> 1517						INTERVAL BETWEEN ONSET AND DEATH <u>4 HRS.</u> <u>8 DAYS</u> <u>8 DAYS</u> <u>8 DAYS</u>		
19a. DATE OF OPERATION <u>1/24/58</u>		19b. MAJOR FINDINGS OF OPERATION <u>REMOVAL OF MENINGOCYCLE</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
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) _____						
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? _____						
22. I hereby certify that I attended the deceased from <u>1-16</u> , 1958, to <u>1-24</u> , 1958, that I last saw the deceased alive on <u>1-24</u> , 1958, and that death occurred at <u>11:35A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Neve Marshall</u> (Degree or title) _____				23b. ADDRESS <u>329 Aurora Rd. K.Mo.</u>		23c. DATE SIGNED <u>Jan 24, 1958</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-24-58</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>JAMES PRT. MO</u>				
DATE REC'D BY LOCAL REG. <u>1-25-58</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>N. K. C. Mo.</u>						

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

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Theodore Edwards

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
Student Embalmer

Signed John W. Halsbeck

Licensed Embalmer No. 4949

P. O. Address No. Kansas City 16, Mo

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 this body is not embalmed, fact should be so stated above.

1007-11000
HST 63rd H. 4-1888
F v 2-3133
FEDERAL BUREAU OF INVESTIGATION
K.C.