

Health,
Welfare
Public
Service

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009934
STATE FILE NUMBER
1203

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1203

300
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 36 yrs. 30		d. STREET ADDRESS 436 N. Lawndale		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harry Middle Aitken Last Fleming				4. DATE OF DEATH Month 3 Day 5 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug-21-1889		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY K.C. Southern		11. BIRTHPLACE (City and state or country) Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Fleming			13b. MOTHER'S MAIDEN NAME Margaret Aitken			14. NAME OF HUSBAND OR WIFE Margaret B. Fleming	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.W.H.		16. SOCIAL SECURITY NO. -		17. INFORMANT Mrs. H.A. Fleming Address 436 N. Lawndale K.C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Fibrinous pericarditis DUE TO (c) Myocardial infarction 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 2:10	
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.) 1				
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Feb. 5, 1958 to March 5, 1958 and last saw ^{him} alive on March 5, 1958 Death occurred at 1:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) 0				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 3-5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March-7-1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR C.P. Blackman & Son Inc. K.C. Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 3-6-58		26. REGISTRAR'S SIGNATURE [Signature]		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

Doctor, Cholera, etc. must use only standard nomenclature in item 18. No symptoms will be traced. 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 *W.C. Rovine*

• • Licensed Embalmer No. *4879*

• P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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