

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017186
STATE FILE NUMBER

FILED JUN 5 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-42

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| 1. PLACE OF DEATH a. COUNTY Dade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Greenfield |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. of Greenfield | | Length of stay in lb 30 yrs. | d. STREET ADDRESS (If outside, give location) 3mi. N. (Rt #1) |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last William Warner Fleeman | | | 4. DATE OF DEATH Month Day Year May 25, 1959 | | |
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| 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 Dec. 17, 1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Cedar County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Levi Reece Fleeman | 13b. MOTHER'S MAIDEN NAME Josephine Gothard | 14. NAME OF HUSBAND OR WIFE Lula Jane Fleeman |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes wwi | 16. SOCIAL SECURITY NO. 488-16-0978 | 17. INFORMANT Address R. F. D. #1 Mrs. Lula J. Fleeman; Greenfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (c), stating the underlying cause lost. | DUE TO (b) Coronary arteriosclerosis | |
| | DUE TO (c) | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from May 5, 1959 to May 25, 1959 and last saw him alive on May 25, 1959 Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE W. L. Lande | (Degree or title) D.O. | 22b. ADDRESS Greenfield, Mo. | 22c. DATE SIGNED May 28, 1959 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Pennsboro Cem. | 23d. LOCATION (City, town, or county) Pennsboro, Mo. |
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| 24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. May 28, 1959 | 26. REGISTRAR'S SIGNATURE J. C. Canada |
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(Licensed Embalmer's Statement on Reverse Side)

M. K. Lande Schwartz, D.O. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1956 JUN 5 9 00 PM '56

AUG 2 1956

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 *J. C. Canada*

Licensed Embalmer No. *4196*
P. O. Address *Greenfield, Ma*

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.