

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036168

FILED VS OCT 16 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4820

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 10 mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1232 PENN		d. STREET ADDRESS (If outside, give location) 1232 PENN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle S Last Fleming			4. DATE OF DEATH Month Oct Day 3 Year 1959		
5. SEX M	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 7-27 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAINT. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY Linde Aire	11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John Fleming		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Minnie Fleming	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-05-3300	17. INFORMANT Address Minnie Fleming 1232 Penn		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS			1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS			6 Mos.
DUE TO (c) ARTERIOSCLEROSIS			5 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour Month, Day, Year 2-7-59			

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
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21. I attended the deceased from **2-7-59** to **10-2-59** and last saw him alive on **10-2-59**
Death occurred at **4:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter E. Elliott M.D.	22b. ADDRESS 710 W 12th St KC Mo.	22c. DATE SIGNED 10/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-6-59	23c. NAME OF CEMETERY OR CREMATORY White Chapel	23d. LOCATION (City, town, or county) (State) CLAY Co Mo
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24. FUNERAL DIRECTOR ADDRESS W. Newcomer Iowa M.C.C.	25. DATE RECD. BY LOCAL REG. 10-6-59	26. REGISTRAR'S SIGNATURE new minshall
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BY AFFIDAVIT OF **WALTER E. ELLIOTT** MEDICAL CERTIFICATION

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 John V. Henrichsen

Licensed Embalmer No. 4898

P. O. Address R. 6, 17, 200

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.