

RA DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 18 1960

=60-026421
 STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 11

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

3. NAME OF DECEASED (Type or print)	First August	Middle	Last Fleer	4. DATE OF DEATH	Month July	Day 9	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Mo 6 Ds 27	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Stoney Hill Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Henry J. Fleer	13b. MOTHER'S MAIDEN NAME Christine Rohlfing	14. NAME OF HUSBAND OR WIFE Minnie Fleer
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Oscar Landwehr	Address New Haven 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) <i>Intercerebral, head disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 wks?</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>fractured base - found</i>	
DUE TO (c) <i>about four days after death</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Prior history of head disease</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <i>Found at home</i>
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. Fertig</i>	(Degree or title)	22b. ADDRESS <i>Stoney Hill Mo</i>	22c. DATE SIGNED <i>7/13/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-14-1960	23c. NAME OF CEMETERY OR CREMATORY St. James E. & R. Cem	23d. LOCATION (City, town, or county) (State) Stoney Hill Mo.
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24. FUNERAL DIRECTOR L. Fertig & Son	ADDRESS New Haven Mo.	25. DATE RECD. BY LOCAL REG. 7-13-1960	26. REGISTRAR'S SIGNATURE <i>Lawrence Krueger Deputy</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by *HOT EMBALMED* Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Carl C. [Signature]*

Licensed Embalmer No. *3385*

P. O. Address *New Haven*

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.