URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029701

STATE FILE NUMBER

FILED VS SEP 6 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 909

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 1 week	c. CITY OR TOWN: Mound City — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Methodist Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 2M. East Mound City — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: William	Middle: Francis	Last: Fleming	4. DATE OF DEATH	Month: Aug. Day: 24 Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: July 30, 1886	9. AGE (last birthday): 74	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): England	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: James Fleming	13b. MOTHER'S MAIDEN NAME: Mary Agnes Bowness	14. NAME OF HUSBAND OR WIFE: Prudie Fleming			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 487-42-5259	17. INFORMANT: Derbin Fleming	Address: Mound City, Missouri		

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)	Massive Gastro-intestinal Hemorrhage	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Gastric Ulcer, benign	unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease with Aortic Stenosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 August 18, 1960, to August 24, 1960 and last saw ~~her~~ him alive on August 23, 1960

Death occurred at 6:45 A/M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Allen Herman M.D.	22b. ADDRESS: 706 Francis St. Joseph, Mo.	22c. DATE SIGNED: 8-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 27, 1960	23c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
23d. LOCATION (City, town, or county) (State): Mound City, Missouri		
24. FUNERAL DIRECTOR: Meuniffa Fleman Inc. ADDRESS: St Joseph Mo.	25. DATE RECD. BY LOCAL REG.: Aug 31, 1960	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF A.I. Herman M.D.

MEDICAL CERTIFICATION

SEP 8 1960

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert R. Harrings

Signature of Student Embalmer

Licensed Embalmer No. 32-5

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.