

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041546

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 169 Primary Registration District No. \_\_\_\_\_ Registrar's No. 38

STATE FILE NUMBER

**FILED DEC 5 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hurdland</b>		c. CITY OR TOWN <b>Hurdland</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if outside, give location)	
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) <b>DAVID EVERETTE FLEAK</b>			4. DATE OF DEATH <b>Nov. 26, 1961</b>		
First	Middle	Last	Month	Day	Year

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-27-1894</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state, or country) <b>Knox County</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>David B. Fleak</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Anna Magruder</b>	14. NAME OF HUSBAND OR WIFE <b>Mary J. Uhe (Fleak)</b>
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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)	17. INFORMANT Address <b>Mrs. Everette Fleak Hurdland, Mo</b>
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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) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
DUE TO (b) <b>Coronary Thrombosis, old and new</b>		
DUE TO (c) <b>Arteriosclerosis</b>		

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.)
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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 checked="" 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 XXX, to Nov. 26, '61 and last saw <sup>her</sup> <sub>him</sub> alive on Nov. 26, '61  
Death occurred at 4:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Leanne...</i> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Edina, Missouri</b>	22c. DATE SIGNED <b>11/29/61</b>
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23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-28-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph (New)</b>	23d. LOCATION (City, town, or county) (State) <b>Edina, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Kriegshauser Bros. Edina, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11/29/61</b>	26. REGISTRAR'S SIGNATURE <i>Neil S. Hunter</i>
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BY AFFIDAVIT OF ITEM NO. SHOULD READ

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.

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