

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043657
STATE FILE NUMBER

AMENDED **042** Primary Registration District No. **1000** Registrar's No. **1350**

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 9 days	c. CITY OR TOWN Plattsburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 511 Maple
3. NAME OF DECEASED (Type or print) First CHARLES Middle GARFIELD Last FLEENER			4. DATE OF DEATH Month December Day 29 Year 1961
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 10/15/1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		9b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Churchill, Tenn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME unknown Fleener	
13b. MOTHER'S MAIDEN NAME Catherine Housewright		14. NAME OF HUSBAND OR WIFE Oatie F. Fleener	
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. unknown	17. INFORMANT Miss Emma Christian, Plattsburg, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
DUE TO (b) Generalized Arteriosclerosis			6 yrs.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hyperplasia			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
21. I attended the deceased from 20 Dec 61 to 29 Dec 61 and last saw her/him alive on 29 Dec 61 Death occurred at 9:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		(Degree or title) MD	22b. ADDRESS 706 Fenwick St. Joseph Mo
22c. DATE SIGNED 30 Dec 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/29/1961	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan 3, 1962
		26. REGISTRAR'S SIGNATURE Ms. Clark Gardell	

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF **N. Martin, M.D.** MEDICAL CERTIFICATION

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 _____

Eugene Wood

Licensed Embalmer No. 3204

P. O. Address 319 So 10th St

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.