

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035894  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 253 Registrar's No. 253

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY <u>Henry County.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor.</u>		c. CITY OR TOWN <u>Centerville, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Centerville, Mo.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL V. FLEENER</u>		4. DATE OF DEATH Month Day Year <u>September 27th. 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 16, 1879</u>
9. AGE (last birthday) <u>84 yrs.</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming.</u>	
11. BIRTHPLACE (City and state or country) <u>Beatrice, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Joseph Fleener</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane, "Unknown"</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie Fleener.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mr. John Fleener, Centerville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular and Respiratory Collapse to three</u> <u>Cerebral Vascular Accident</u> 28 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Chronic Renal Disease &amp; Mild Uremia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Renal Disease &amp; Mild Uremia</u>			
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 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 <u>8-18-58</u> to <u>9-27-1963</u> and last saw him alive on <u>9-27-1963</u> Death occurred at <u>10:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles M. Turbes M.D.</u>		22b. ADDRESS <u>M.D. Windsor, Missouri.</u>	
22c. DATE SIGNED <u>9-30-63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-30-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>		23d. LOCATION (City, town, or county) <u>Leeton, Missouri</u>	
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT. 7, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigemo</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 J. P. Brainerd

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.