

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31172

BIRTH NO.		REG. DIST. NO. 247	PRIMARY REG. DIST. NO. 4362	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>		c. LENGTH OF STAY (in this place) <u>11 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u> 103
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Dora Cook residence</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Fletcher</u> b. (Middle) <u>Norwood</u> c. (Last) <u>Norwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1865</u>	9. AGE (In years) (If years 60 or over, last birthday) <u>84</u> MONTHS _____ DAYS _____ HOURS _____ MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF MARRIED OR WIFE <u>Mary Isabell Norwood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Cook - Morehouse - Mo.</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May 31, 1949</u> , to <u>Aug 2, 1949</u> , that I last saw the deceased alive on <u>June 26, 1949</u> , and that death occurred at <u>1:55 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>F. O. Kelly DO</u> (Degree or title)		23b. ADDRESS <u>Bernie Mo</u>		23c. DATE SIGNED <u>8-26-49</u>
24a. BURIAL <u>Burial</u> (Specify)		24b. DATE <u>8/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Bernie Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Robert E. D. D. D.</u> ADDRESS		
DATE REC'D BY LOCAL REG. <u>9-9-49</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Shetter</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 10

District Health Office

District File Number 944

Date Filed _____

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
Student Embalmer

Signed J. G. Schumann

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.