

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3702

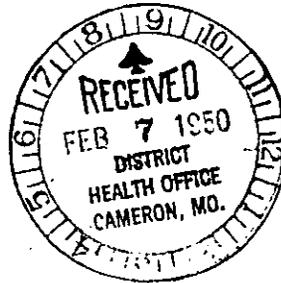
BIRTH NO. 66232-49 REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Township	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) Grant City	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Leah		b. (Middle) Kathleen	
c. (Last) Fletcher		4. DATE OF DEATH (Month) (Day) (Year) 1 8 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (6)	8. DATE OF BIRTH 10 21 1949
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 17	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Eugene Franklin Fletcher		13b. MOTHER'S MAIDEN NAME Ada May King	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Eugene Fletcher, Grant City, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged Thyroid gland ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from birth , to 1-8, 1950 , that I last saw the deceased alive on 1-5, 1950 , and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank B. Madison M.D.		23b. ADDRESS Grant City	
23c. DATE SIGNED 2/19/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		24b. DATE 1 9 1950	
24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery		24d. LOCATION (City/town, or county) (State) Grant City, Mo.	
DATE REC'D BY LOCAL REG. Feb. 2, 1950		REGISTRAR'S SIGNATURE Reta E. Dawson 345	
5. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffel		ADDRESS Grant City, Mo.	

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

1130
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JS
MAY 22 1959



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.

Signed Arch C. Dimpfel

Signed _____
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address Grant City 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 this body is not embalmed, fact should be so stated above.