

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12696  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 West 12th Street</u>		d. STREET ADDRESS (If rural, give location) <u>112 West 12th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Fletcher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26 50</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>Aug 31, 1884</u>	9. AGE (In years last birthday) <u>65 6</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u> Hours <u>6</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cobbler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u>	11. BIRTHPLACE (State or foreign country) <u>TRENTON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>A. G. FLESHER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH E. JOLLY</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NON E</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Levin Fletcher</u>	ADDRESS <u>Trenton MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>  <u>few year</u>  <u>12 to 14 days</u>  <u>45.01</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>(Influenza &amp; Bronchitis)</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1948, to Mar 26, 1950, that I last saw the deceased alive on Mar 26, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

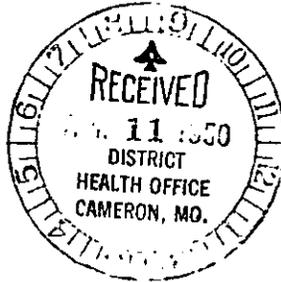
23a. SIGNATURE (Degree or title) <u>L. H. Cullers M.D.</u>	23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>3-28-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-50</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackburn</u>	ADDRESS <u>Trenton Mo.</u>
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MAR 4 1954

MAY 13 1954



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.....

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working under my personal supervision.

Student Embalmer No.....

Signed

*J. Gordon Blackmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Juntura, 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.