V.S. No. 300
Rev. 10.48

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27658

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 18

0730

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
c. LENGTH OF STAY (in this place): 16 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cardwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Corsicana 0050
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Elizabeth
c. (Last): Fletcher

4. DATE OF DEATH (Month) (Day) (Year): Aug 7 - 1950

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Married /
8. DATE OF BIRTH: FEB - 22 - 1900
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 5, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Jim McCracken
13b. MOTHER'S MAIDEN NAME: Fannie Grogan
14. NAME OF HUSBAND OR WIFE: Edward W. Fletcher

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.: 500-14-663
17. INFORMANT'S SIGNATURE OR NAME: Velra Carnes - Purdy Mo - R7D.1 — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid 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.: 260X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1949, *to* Aug 7, 1950, *that I last saw the deceased alive on* Aug 7, 1950, *and that death occurred at* 6:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Baldwin V D.O.
23b. ADDRESS: Purdy Mo
23c. DATE SIGNED: Aug 8 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13 - 50
24c. NAME OF CEMETERY OR CREMATORY: Arnhart Cemetery
24d. LOCATION (City, town, or county) (State): Barry Mo.

DATE REC'D BY LOCAL REG.: 8-14 1950
REGISTRAR'S SIGNATURE: Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE: Wheaton Funeral Home — ADDRESS: Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 850-173

Date Filed AUG 21 1950

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 Paul D Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville 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.