S. No. 300
v. 10.48

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FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7566

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 288

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5th & Faraon Sts Buchanan Co. Court House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1709 So. 11th St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EMMITT
c. (Last): FLETCHER

4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 4-8-1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Buchanan Co.
11. BIRTHPLACE (State or foreign country): Buchanan Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Fletcher
13b. MOTHER'S MAIDEN NAME: Sarah E. Jackson
14. NAME OF HUSBAND OR WIFE: Addie May Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-24-6651
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Addie May Fletcher, St. Joseph, Mo.

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) Acute Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ 4201
DUE TO (c) Man died suddenly, without recent serious illness or disability.

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 ☐ 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~~ viewed the deceased ~~from~~ on 3/12, 1951, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11:15A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. F. Mundy 3 MD (Coroner)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 3/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-14-1951
24c. NAME OF CEMETERY OR CREMATORY: # 6, At Frazier
24d. LOCATION (City, town, or county) (State): Frazier, Missouri

DATE REC'D BY LOCAL REG.: Mar 14, 1951
REGISTRAR'S SIGNATURE: Carl C. Castle 446
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John E. Kupp St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed.....

Student Embalmer

Signed John E. Kupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.