

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3988

State File No.

ED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>15 Yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		d. STREET ADDRESS (If rural, give location) <u>710 E. Head St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 710 E. Head St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ardena</u> b. (Middle) <u>-</u> c. (Last) <u>Fletcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July, 30, 1873</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John McKenzie</u>	13b. MOTHER'S MAIDEN NAME <u>Isabell ? (unmarried)</u>	14. NAME OF HUSBAND <u>James Fletcher</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel McKenzie, Centralia, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>		DUE TO (b) <u>Arterial Hypertension</u>		Interval
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>444X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May 19, 1945, to Feb. 14, 1952, that I last saw the deceased alive on Feb. 8, 1952, and that death occurred at 11:35 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>L. LaChance M.D.</u> (Degree or title)	23b. ADDRESS <u>110 W. Sneed Centralia, Missouri</u>	23c. DATE SIGNED <u>Feb/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb, 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hansprarie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 19-1952</u>	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home Fulton Mo.</u>	ADDRESS
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2726

P. O. Address Fallston, Md

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.