Spear
S. No. 300
V. 10.48

AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25080

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: Marion 0640
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Ralls 0890
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New London
d. STREET ADDRESS (If rural, give location): Rural #3

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

4. DATE OF DEATH (Month) (Day) (Year): July 21 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 28. 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months 4, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Frankford. Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Ed Fletcher
13b. MOTHER'S MAIDEN NAME: M. Collins
14. NAME OF HUSBAND OR WIFE: Laura

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.:
17. INFORMANT'S SIGNATURE OR NAME: Laura Fletcher ADDRESS: R#3 New London 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Healed myocardial infarct — 18 mths
DUE TO (c) Multiple pulmonary emboli — 2 weeks.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac cirrhosis of liver — 1½ yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Terminal uremia & pneumonia 2 weeks.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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?: 4200

22. *I hereby certify that I attended the deceased from* 2-11-51, 19___, *to* 7-21-52, 19___, *that I last saw the deceased alive on* 7-21-52, 19___, *and that death occurred at* 6.18a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Greene (Degree or title) M.D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 7-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-52
24c. NAME OF CEMETERY OR CREMATORY: Brandview Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 7-24-52.
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher
FUNERAL DIRECTOR'S SIGNATURE: Michael J. O'Donnell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4 1952
MARION CO. HEALTH DEPT
DATE FILED AUG 4 1952

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.

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