

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42263
State File No. 5566

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 6310 State Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) Lee c. (Last) Fletcher		4. DATE OF DEATH (Month) (Day) (Year) December 17-52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 20-1885
9. AGE (In years last birthday) 67-5-20		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Cafe Owner	11. BIRTHPLACE (City and State or Foreign Country) Queen City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Wesley Fletcher		13b. MOTHER'S MAIDEN NAME Lottie ?	14. NAME OF HUSBAND OR WIFE Mrs. Irene Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Irene Fletcher, 6310 State Ave., K.C.K.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial hypertrophy and dilatation with congestive failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Congenital deformity of aortic valve			
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 754 H		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE Angelo Rapi M.D. (Degree or title)		23b. ADDRESS 101 Memorial Drive	23c. DATE SIGNED 12/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/19/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 12-19-52	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons, Kansas City, Kansas ADDRESS	

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 Russell W Dennis

Licensed Embalmer No. 3462 Missouri

P. O. Address Kansas City, Kansas

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.