

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28008

State File No. _____

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 124

0191

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

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>	
c. LENGTH OF STAY (In this place) <u>UNKNOWN</u>		d. STREET ADDRESS (If rural, give location) <u>901 S INDEPENDENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901 S INDEPENDENCE</u>		d. STREET ADDRESS (If rural, give location) <u>901 S INDEPENDENCE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVAN</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>FLETCHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>20 AUGUST 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 19 1874</u>
9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR (Months) <u>2</u>	# UNDER 1 MO. (Days) <u>1</u>	# UNDER 1 HR. (Hours) <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SELF EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE SHOP</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>HUTCHINSON KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT FLETCHER</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE CANTRELL</u>	
14. NAME OF HUSBAND OR WIFE <u>MINNIE FLETCHER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>497-366294</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LAURA PICKELL 901 S INDEPENDENCE</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <u>Aug 20</u> , 19 <u>53</u> , to <u>Aug 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug. 20</u> , 19 <u>53</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>8-21-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 22 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crest Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Bros. Harrisonville</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Aug 22 1953</u>		457-01	

RECEIVED
AUG 29 1964
CASS COUNTY
HEALTH DEPARTMENT

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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.