

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42180**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **1367**

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Swift & Co. Packing Co.		d. STREET ADDRESS (If rural, give location) 725 Harmon St.	

3. NAME OF DECEASED (Type or Print) a. (First) CARL	b. (Middle) RAYMOND	c. (Last) FLETCHALL	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1903	9. AGE (In years last birthday) 50	IF ORDER IN YEAR Months 4 Days 4	IF ORDER IN WEEK Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Standards	10b. KIND OF BUSINESS OR INDUSTRY Dept. Meat Packing	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jahu E. Fletchall	13b. MOTHER'S MAIDEN NAME Bertha (Unknown)	14. NAME OF HUSBAND OR WIFE Margaret Fletchall
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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) 487-05-1038	17. INFORMANT'S SIGNATURE OR NAME City ADDRESS Margaret Fletchall 725 Harmon St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		2 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis		unk.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		unk.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 30, 1953**, to **Dec. 30, 1953**, that I last saw the deceased alive on **Dec. 30, 1953**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sharon E. Wagner M.D.	23b. ADDRESS 301 Illinois Ave. St. Joe.	23c. DATE SIGNED 1-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Jan 8, 1954	REGISTRAR'S SIGNATURE Kather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home, St. Joseph, Mo.
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JAN 15 1950

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 Emma Clark

Licensed Embalmer No. 4238

P. O. Address Shelton, 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.