

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9148

State File No.

FILED MAR 18 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 53

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Jasper | b. STATE Missouri | | c. COUNTY Jasper |
| b. CITY (If outside corporate limits, write RURAL and give township) Carthage | c. LENGTH OF STAY (in this place) 1 day | | d. CITY (If outside corporate limits, write RURAL and give township) Carthage 0493 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCune- Brooks Hospital | | d. STREET ADDRESS (If rural, give location) 406 Walnut. Colonial Apmts. | |

| | | | | | |
|--|-------------------------------------|---|--|-------------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) MARY | b. (Middle) A. | c. (Last) FLETCHER | (Month) March | (Day) 6 | (Year) 1954 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Aug 17 1869 | | 9. AGE (In years last birthday) 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Cass County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. |

| | | |
|---|---|---|
| 13a. FATHER'S NAME William McFarland | 13b. MOTHER'S MAIDEN NAME Ann Graham | 14. NAME OF HUSBAND OR WIFE Hubert E. Fletcher |
|---|---|---|

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|--|--|---|----------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or date of service) No | 16. SOCIAL SECURITY NO. xxx | 17. INFORMANT'S SIGNATURE OR NAME Miss Liona Fletcher, Carthage, Mo. | ADDRESS |
|--|--|---|----------------|

| | | | |
|--|--|--|---|
| 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, asphyxia, 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) Myocardial degeneration | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Osteoarthritis | | | |

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|-------------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4222 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2/25, 1948, to 3/6, 1954, that I last saw the deceased alive on March 6, 1954, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

| | | | |
|---|-------------------|--|--|
| 23a. SIGNATURE <i>W Russell Smith, MD</i> | (Degree or title) | 23b. ADDRESS Carthage, Missouri | 23c. DATE SIGNED 3/8/54 |
|---|-------------------|--|--|

| | | | |
|---|---------------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar 9 1954 | 24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery | 24d. LOCATION (City, town, or county) (State) Lamar, Missouri |
|---|---------------------------------------|---|--|

| | | | |
|--|--|---|----------------|
| DATE REC'D BY LOCAL REG. 3-8-1954 | REGISTRAR'S SIGNATURE <i>Lloyd B. Clintock, MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri | ADDRESS |
|--|--|---|----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MS
JUL 22 1954

OCT 3 1954

RECEIVED
Jasper County Health Office
County File Number 54-3-213
Date Filed MAR 17 1954

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 Barb. Henantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.