

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12908

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 57

1. PLACE OF DEATH  
a. COUNTY Polk  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville  
c. LENGTH OF STAY (in this place) 17 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. Dimmitt Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Polk  
c. CITY OR TOWN Humansville  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0840

3. NAME OF DECEASED (Type or Print)  
a. (First) David b. (Middle) Tandy c. (Last) Fletcher  
4. DATE OF DEATH (Month) (Day) (Year) 4-28-55

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 1-2-1872 9. AGE (in years last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer  
10b. KIND OF BUSINESS OR INDUSTRY -  
11. BIRTHPLACE (City and State or Foreign Country) Quincy, Ill.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Fletcher 13b. MOTHER'S MAIDEN NAME Elizabeth Unknown 14. NAME OF HUSBAND OR WIFE Sophonra C. Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME Mrs Roy Duley Osceola, Mo. ADDRESS \_\_\_\_\_

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) Respiratory Type Undetermined  
INTERVAL BETWEEN ONSET AND DEATH ?  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Urinary Retention  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of prostate gland. ?

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 593X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 4/12, 1955, to 4/28, 1955, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 8:46P m., from the causes and on the date stated above.

23a. SIGNATURE R. Robinson (Degree or title) MSD. 23b. ADDRESS Humansville Mo 23c. DATE SIGNED 4/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-1-55 24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery 24d. LOCATION (City, town, or county) (State) Humansville, Mo.

DATE REC'D BY LOCAL REG. May 3, 1955 REGISTRAR'S SIGNATURE Ralph Gordon 25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home ADDRESS Humansville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

840

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.....  
Signature of Student Embalmer

Signed *O. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address *Hemansville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.