

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Clinton township</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mtn. Grove General Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Mountain Grove Route #1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>Waldo</u>		c. (Last) <u>Fletcher</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>7,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 6, 1984</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Sails</u>		14. NAME OF HUSBAND OR WIFE <u>Addie M. Purch (Fletcher)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Addie M. Fletcher</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis leg</u>		DUE TO (c) <u>Lobar pneumonia</u>				<u>18 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>8 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>				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) m.		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>May 29, 1955</u> , to <u>June 7, 1955</u> , that I last saw the deceased alive on <u>June 6, 1955</u> and that death occurred at <u>10:20 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (In case of title) <u>H. L. Braille D.O.</u>				23b. ADDRESS <u>Cahoon, Mo</u>		23c. DATE SIGNED <u>6/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-8-55</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert ...</u>	

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

WRIGHT CO. HEALTH DEPT.
County File Number 655-18
Date Filed 6-18-55

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 W. C. Barber

Licensed Embalmer No. 3848

P. O. Address W. C. Barber

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.