

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39696

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1317

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Fairfax	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital (Missouri)		• STREET ADDRESS (If rural, give location) 4 Mi. S.E. of Fairfax	

3. NAME OF DECEASED (Type or Print)	a. (First) BONNIE	b. (Middle) SUE	c. (Last) FLETCHER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 26, 1950	9. AGE (In years last birthday) Months Days Hours Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Maryville Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Olin Wayne Fletcher	13b. MOTHER'S MAIDEN NAME Esther Pfeil	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Olin Fletcher	ADDRESS Fairfax, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Feb 55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute leukemia		
	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. 2044			

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) St Joseph Buch. Mo.
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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?
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22. I hereby certify that I attended the deceased from **Feb. 1955**, to **12-10, 1955**, that I last saw the deceased alive on **12-10, 1955**, and that death occurred at **7:55P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) N. P. Peterson MD	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 12-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Fairfax Missouri
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DATE REC'D BY LOCAL REG. Dec 16, 1955	REGISTRAR'S SIGNATURE Cather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home	ADDRESS Fairfax, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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.