

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

**32818**

State File No. ....

No. 300

10-48

**FILED SEP 24 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3022 Registrar's No. 147

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saline</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>9 miles south of Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Rosie Lee</u> b. (Middle) <u>Arnold</u> c. (Last) <u>Fletcher</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 16, 1956</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 28, 1900</u>	<b>9. AGE</b> (In years last birthday) <u>55</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>18</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Oregon County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Seth Jones</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Ann Gray</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Oscar David Fletcher</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. L.T. Hawkins</u> ADDRESS <u>Kansas City, Kansas</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Accidental fall at home</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Causing Cerebral Hemorrhage</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>9040</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accidental fall</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Saline Mo</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>9-14-56 9a.m.</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Fall in home. Causing Cerebral Hemorrhage</u>

**22. I hereby certify that I attended the deceased from** Sept. 14, 1956, to Sept. 15, 1956, that I last saw the deceased alive on 9-15, 1956, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>C. L. Lawless M.D.</u>	<b>23b. ADDRESS</b> <u>Marshall Mo</u>	<b>23c. DATE SIGNED</b> <u>9-16-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 18, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ridge Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marshall, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9-17-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Cecil G. Reed</u>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James H. Lewis*.....

Licensed Embalmer No. *4729*.....

P. O. Address *Marshall, T.*.....

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.