

FILED DEC 14 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37543

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Senath Rt. 2)		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Senath	d. 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		e. STREET ADDRESS (If rural, give location) R-2 North-West of Senath	

3. NAME OF DECEASED (Type or Print) a. (First) Cathy b. (Middle) Elaine c. (Last) Fletcher	4. DATE OF DEATH 11 - 25 - 1956
--	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10 - 12 - 56	9. AGE (in years last birthday) If UNDER 1 YEAR: Months 1 Days 12 If OVER 1 YEAR: Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) Ft Wayne - Ind	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY				

13a. FATHER'S NAME Thomas Fletcher	13b. MOTHER'S MAIDEN NAME Hattie Smith	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

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 Thomas Fletcher	ADDRESS Senath, Mo
--	-------------------------	---	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infant was dead when brought to home. Death occurred between night of morning apparently DUE TO (c) Really an infection		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 7954 Senath, Mo
--	---	---

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Eberly Washburn M.D.	(Degree or title)	23b. ADDRESS Senath, Mo	23c. DATE SIGNED 11-28-56
---	-------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-56	24c. NAME OF CEMETERY OR CREMATORY Senath Cemetery	24d. LOCATION (City, town, or county) (State) Senath Mo
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. 12-10-56	REGISTRAR'S SIGNATURE Mrs. J.H. Rameyer	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel	ADDRESS Funeral Soc. Senath, Mo
---	---	---	---

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

91-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-12-56.....
COUNTY FILE NUMBER ..1256-45.....

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 *Edwin L. Connor*.....

Licensed Embalmer No. 486.....

P. O. Address *Summit*.....

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.