

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41102**BIRTH NO. **86153-56** REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5447** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Howard Twp)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location)				e. STREET ADDRESS Rural - Howard Township 0380						
3. NAME OF DECEASED (Type or Print) a. (First) Tina			b. (Middle) Maria		c. (Last) Fletcher		4. DATE OF DEATH (Month) (Day) (Year) December 6, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 6, 1956		9. AGE (In years last birthday) 0 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS.: Hours 10 Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Elbert Fletcher			13b. MOTHER'S MAIDEN NAME Bonnie Jones			14. NAME OF HUSBAND OR WIFE Never Married				
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 Elbert Fletcher				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane, lungs						INTERVAL BETWEEN ONSET AND DEATH 8 hrs		
		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. ppematurity (36 weeks)								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 527.2						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)		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 Dec 6 19 56 , to Dec 6 19 56 , that I last saw the deceased alive on Dec 6 19 56 , and that death occurred at 11a m., from the causes and on the date stated above.										
23a. SIGNATURE Frank B. Matteson MD				23b. ADDRESS GRANT CITY, MO			23c. DATE SIGNED 12-7-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-9-1956		24c. NAME OF CEMETERY OR CREMATORY Allendale Cemetery		24d. LOCATION (City, town, or county) (State) Allendale, Missouri				
DATE REC'D BY LOCAL REG. 12-17-56		REGISTRAR'S SIGNATURE Maudie Williams			25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dunfee Grant City Mo					

(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 *Bill A. Dunfee*

Licensed Embalmer No. *490*

P. O. Address *East C*

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.