THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-018762

FILED MAY 21 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Webb City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1027 W Nelson — Length of stay in 1b: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Webb City 0492 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1027 W Nelson — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Jane Last: Fletcher

4. DATE OF DEATH: Month: May Day: 15 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Jan 20, 1863

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Stanford Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ruben P Workman

13b. MOTHER'S MAIDEN NAME: Abigail Crane

14. NAME OF HUSBAND OR WIFE: Charles E. Fletcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mildred E. Fletcher Address: Webb City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac (Myocardial)
DUE TO (c): failure — 48 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 522 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June, 58, to 5-14-58 and last saw her alive on 5/14/58
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. W. Wright M.D.

22b. ADDRESS: 222 So Webb, Webb City Mo

22c. DATE SIGNED: 5-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-19-1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetary

23d. LOCATION (City, town, or county) (State): Webb City Mo

24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary Carthage, Mo

25. DATE RECD. BY LOCAL REG.: 5-17-58

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Date Filed MAY 20 1957

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 ..... Signed O. L. Isbell
Signature of Student Embalmer

Licensed Embalmer No. 4970
P. O. Address Carthage,

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.