

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031503  
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth <i>CLARK Beach</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sweden 0340
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake View Rest Home		Length of stay in 1b Home	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Curtis Fleetwood			4. DATE OF DEATH Month Day Year Sept. 2, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-31-75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer <i>###</i>		10b. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ty Fleetwood		13b. MOTHER'S MAIDEN NAME Narcisic Rice	14. NAME OF HUSBAND OR WIFE Addie Fleetwood
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 Address Frank Fleetwood, Ava, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Anoxia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterial Hypertension</i> DUE TO (c) <i>Semibility</i>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>9-26-58</i> to <i>9-2-58</i> and last saw her alive on <i>9-1-58</i> Death occurred at <i>5:45 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Mary King, D.O. 2</i>		22b. ADDRESS <i>Forsyth, Mo</i>	22c. DATE SIGNED <i>9-4-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-4-58	23c. NAME OF CEMETERY OR CREMATORY Yates	23d. LOCATION (City, town, or county) (State) Gentryville, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD BY LOCAL REG. 9/6/58	26. REGISTRAR'S SIGNATURE <i>Hebrew Campbell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, however, must state any standard abbreviations in their text. No symptoms will be listed. All diseases in Part I must be causally related.

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 R. Fisk* .....

Licensed Embalmer No. *4662* .....

P.O. Address *Ada, Mo.* .....

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.