

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008807

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cedar City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in 1b two wks	d. STREET ADDRESS (If outside, give location) General Delivery	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY FLETCHER			4. DATE OF DEATH Month Day Year March 30th '59	
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 January 30th 1837	
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Joseph Fletcher		13b. MOTHER'S MAIDEN NAME Elizabeth Lister	14. NAME OF HUSBAND OR WIFE Polly Ann Fletcher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 486-11-1328	17. INFORMANT Mrs John Morris, Holts Summit, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Cardio-Vasculardisease</u> DUE TO (c) <u>Arteriosclerosis.</u> 443X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
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 WORK <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 <u>3-9-59</u> to <u>3-30-59</u> and last saw <u>him</u> alive on <u>3-30-59</u> Death occurred at <u>8:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>John W. McHaney</u> (Degree or title)		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>4/2/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 1st 1959	23c. NAME OF CEMETERY OR CREMATORY Hart Hill Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County, Missouri	
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 30 April 1959	26. REGISTRAR'S SIGNATURE R.P. Morris, MD-DR.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

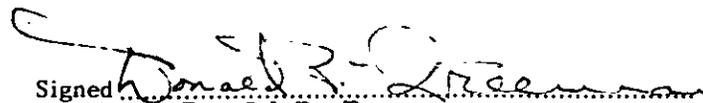
MEDICAL CERTIFICATION

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 
Donald P. Freeman

Licensed Embalmer No.....4623.....
P. O. Address..Jefferson City, 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.