

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023962

STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 374 Primary Registration District No. Registrar's No. 21

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Worth | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smith Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Smith Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Allendale | | Length of stay in 1b 2 years | d. STREET ADDRESS (If outside, give location) Near Allendale Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Rebecca Jane Fletchall | | | 4. DATE OF DEATH Month Day Year June 6, 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 25, 1871 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Kansas | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Charles R. Stark | | 13b. MOTHER'S MAIDEN NAME Sarah Jane | | 14. NAME OF HUSBAND OR WIFE Michael Fletchall | |
| 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 Mrs. Pearl Maudlin - Grant City, Mo. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH One |
| DUE TO (b) Coronary Sclerosis, severe | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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. | | |

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| 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 4 June 59 to 6 June 59 and last saw her alive on 6 June 59 Death occurred at 7am on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Typed name) Frank B Matteson M | | 22b. ADDRESS Grant City, Mo |
| | | 22c. DATE SIGNED 6/8/59 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 6-8-1959 | 23c. NAME OF CEMETERY OR CREMATORY Fletchall Cemetery | 23d. LOCATION (City, town, or county) (State) Worth County, Missouri |
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| 24. FUNERAL DIRECTOR Bill A Dunfee - S. C., Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. June 14, 1959 | 26. REGISTRAR'S SIGNATURE Bowdy Kuhn |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only Standard nomenclature in item 18. No symptoms with 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 *Bill A. Dunfee*.....

Licensed Embalmer No. *4908*.....

P. O. Address *Grant City*.....

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.