

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 31 1959

59-028725

STATE FILE NUMBER

Registration District No. 128 Primary Registration District 2000 Registrar's No. 887

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 30 yrs.		c. CITY TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1524 Wabash			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1524 Wabash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MASSEY Middle FLETCHER Last FLETCHER				4. DATE OF DEATH Month Aug. Day 22, Year 1959									
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 Sept. 15, 1893		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman & Foreman				10b. KIND OF BUSINESS OR INDUSTRY Frisco		11. BIRTHPLACE (City and state or country) Alabama		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Helen Fletcher					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war & dates of service) yes W.W. # 1				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. Helen Fletcher Springfield, 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) Acute Coronary Thrombosis Chr. Bronchitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____													
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>Jan. 1946</u> to <u>Aug. 22, 1959</u> and last saw him alive on <u>Aug 1st 1959</u> Death occurred at <u>1:45</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Ronald F. Eekins M.D.						22b. ADDRESS Prof. Bldg			22c. DATE SIGNED Aug. 24 59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 27, 1959		23c. NAME OF CEMETERY OR CREMATORY National			23d. LOCATION (City, town, or county) Springfield,			STATE Mo.			
24. FUNERAL DIRECTOR R. Thieme F. H. Springfield, Mo. LM				25. DATE RECD. BY LOCAL REG. 8-25-59		26. REGISTRAR'S SIGNATURE Effie L. Melton							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.

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