

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007403

STATE FILE NUMBER

AMENDED

Registration District No. 374Primary Registration District No. 4547Registrar's No. 2

FILED VS FEB 23 1961

1. PLACE OF DEATH

a. COUNTY Worthb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Grant CityLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Worthc. CITY
OR
TOWN Grant CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
502 McPhearsonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
DelbertMiddle
EarlLast
Fletcher4. DATE
OF
DEATHMonth
JanuaryDay
27,Year
1961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-25-1894

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

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

Skilled Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Road Machinery

11. BIRTHPLACE (City and state or country)

Worth, County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Isaac Fletcher

13b. MOTHER'S MAIDEN NAME

Anna Stacey

14. NAME OF HUSBAND OR WIFE

Matilda E. Fletcher15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)yesW W I

16. SOCIAL SECURITY NO.

520-05-9292

17. INFORMANT

Address

Mrs. Matilda Fletcher-Grant City, 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)

multiple myeloma with metastasisINTERVAL BETWEEN
ONSET AND DEATH
@6mos.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Arteriosclerosis, with hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

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
INJURYHour
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 Jan 1960 to Jan 27, 61 and last saw him alive on Jan 26, 61
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank B. Matteson M.D.

22b. ADDRESS

Grant City, Mo

22c. DATE SIGNED

1/29/6123a. BURIAL, CREMATION,
REMOVAL (Specify)burial

23b. DATE

1-29-1961

23c. NAME OF CEMETERY OR CREMATORY

Fletcher Cemetery

23d. LOCATION (City, town, or county)

Worth County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Bill A. Dunfee - Grant City, Mo

25. DATE RECD. BY LOCAL REG.

Feb. 15 - 1961

26. REGISTRAR'S SIGNATURE

Letta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

48 8-31 3A

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, 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.