

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012300
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4519 Registrar's No. 31

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b 5 days		c. CITY OR TOWN Branson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. Hwy 76		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CLYDE Middle ROCKWELL Last FLETCHER				4. DATE OF DEATH Month Mar. Day 29 Year 1961									
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 6/12/36		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 9 Days 17		IF UNDER 24 HR Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) printing				10b. KIND OF BUSINESS OR INDUSTRY printing		11. BIRTHPLACE (City and state or country) Wisconsin		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Charles Fletcher				13b. MOTHER'S MAIDEN NAME Meda Bowles				14. NAME OF HUSBAND OR WIFE Helen Fletcher					
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 Mrs Helen Fletcher Branson, Mo				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 wks			
Conditions, if any, which gave rise to above cause (a), stating the underlying 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)								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 _____ 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 3-15-61 to 3-29-61 and last saw him alive on 3-29-61 Death occurred at 10:15 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>M. Abress</i> (Degree or title)						22b. ADDRESS Branson Mo			22c. DATE SIGNED 4-2-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/1/61		23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park				23d. LOCATION (City, town, or county) Branson, Mo		(State)			
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-8-61		26. REGISTRAR'S SIGNATURE <i>Helen Campbell</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

