

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 127

Primary Registration District No. 5520

Registrar's No. 139

STATE FILE NUMBER 0018864

**FILED MAY 22 1964**

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Windsor

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Henry

c. CITY  
OR  
TOWN Windsor

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 3 mi. S/W of Windsor

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS 513 Poplar Drive

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Richard

Middle  
Glen

Last  
Fancher

4. DATE  
OF  
DEATH

Month  
5/16/1964

Day  
16

Year  
1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/6/1955

9. AGE (last birthday)

9

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

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

Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Glasgow, Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J. T. Fancher

13b. MOTHER'S MAIDEN NAME

Emma Jean Greer

14. NAME OF HUSBAND OR WIFE

None

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

Shelia Fancher

Address  
513 Poplar Drive Windsor, 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)

Circulatory Collapse

INTERVAL BETWEEN  
ONSET AND DEATH

Instant

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Decapitation

11

DUE TO (c)

Automobile Accident

11

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.

☒ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (List name of injury to body part and if item still present)  
Seated in car when he was still hit by another car (High speed)

20c. TIME OF INJURY  
Hour  
5:45  
a.m.  
p.m.

Month, Day, Year  
5/16/64

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.)  
Highway 52

20f. CITY, TOWN, OR LOCATION  
Windsor

COUNTY  
Henry

STATE  
Mo.

21. I attended the deceased from  
Death occurred at 5:45 on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)  
William Smith MD

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

5/17/64

23b. BURIAL, CREMATION, REMOVAL (Specify)

23c. DATE

May 18, 1964

23d. NAME OF CEMETERY OR CREMATORY

Glasgow Cemetery

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

Glasgow, Kentucky

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clifford Gouge, Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

May 19, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MAY 26 1964

# 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

*Clifford Leroy*

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.