

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016411

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 38

FILED APR 24 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Richmond TWP</u>  |   | Length of stay in 1b<br><u>5 days</u>   | c. CITY OR TOWN <u>Orrick</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Fannie Levina Fletcher</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 13 1962</u>   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 9, 1895</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>66</u>  |
| 13a. FATHER'S NAME<br><u>H. Robert Richardson</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mollie Cox</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Elmer Fletcher</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.<br><u>489-22-8270</u>   | 17. INFORMANT<br><u>Husband</u> Address <u>Orrick, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Pulmonary fibrosis</u>  |   |   | <u>years</u>   |
| DUE TO (c) <u>Asthma</u>  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m. Month, Day, Year  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Acad 1960</u> to <u>4-13-62</u> and last saw her alive on <u>4-13-62</u><br>Death occurred at <u>9:45</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>C. J. Riley MD</u> (Degree or title)   |   | 22b. ADDRESS<br><u>Richmond Mo.</u>   | 22c. DATE SIGNED<br><u>4-14-62</u> (State)   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>April 15, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>South Point Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Orrick, Missouri</u> (State)   |
| 24. FUNERAL DIRECTOR<br><u>Wilbur McAfee</u> ADDRESS <u>Orrick, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-17-1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Malcol Jackson</u>   |

**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. vv

working under my personal supervision.

Student vv  
Signature of Student Embalmer

Signed Charles J. Taylor

Licensed Embalmer No. 4534

P. O. Address Shelby, 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.

*not permit obtained*