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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1949

State File No. 12950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede 52</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>620 N Madison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Lawson</u> c. (Last) <u>Fletcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1949</u>		
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5. SEX <u>M U</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married (1)</u>	8. DATE OF BIRTH <u>Oct. 29 1946</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Lebanon, MO. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hugh Royal Fletcher</u>	13b. MOTHER'S MAIDEN NAME <u>Helev Lawson</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hugh B. Fletcher</u>	ADDRESS <u>Lebanon, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-14, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 4-14, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Carrington, M.D.</u>	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>4-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cen.</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 16-1949</u>	REGISTRAR'S SIGNATURE <u>Melba L. May</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>	ADDRESS <u>Lebanon, MO.</u>
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(Licensed Embalmer's, Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*Margie Ruth Allen*

Student Embalmer No. *295*

working under my personal supervision.

Student

*Emmett E. Everett 246*

Student Embalmer

Signed

*Richard S. Palmer*

Licensed Embalmer No. *4595*

P. O. Address *Lebanon, MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.