

FILED FEB 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3689

BIRTH NO. 0043 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) 8150 TOWN Kansas City, Kansas	
c. LENGTH OF STAY (in this place) 2 hrs		d. STREET ADDRESS (If rural, give location) 622 Seminary St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Edward		c. (Last) Fletcher		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input type="radio"/>		8. DATE OF BIRTH Jan. 3, 1930		9. AGE (In years last birthday) 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Trade Periodicals		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Fay Fletcher		13b. MOTHER'S MAIDEN NAME Florence E. Gregg		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. 515-24-2865		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fay Fletcher Kansas City, Kansas	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Cav. with out jury</i>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>40. near junction of 19. killed in the</i>		
	MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Was injured in a collision between Automobile and Truck on Highway</i> DUE TO (c) <i>Automobile and Truck on Highway</i>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Audrain County Hospital of a fractured skull</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accidental</i>		21b. PLACE OF INJURY (e.g., in, about home, farm, factory, stage, office bldg., etc.) <i>Highway #40</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>junction of 19 #070 and 40 #2816, Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Feb 14-51-8am.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Collision between Truck & Auto</i>	

22. I hereby certify that I attended the deceased from *attended by Mr. J. C. Adams, M.D., deceased* *Feb. 14, 1951*, and that death occurred at *the home*, from the causes and at the date stated above.

23a. SIGNATURE (Degree or title) <i>J. C. Adams, M.D., Coroner</i>		23b. ADDRESS <i>Mexico, Missouri</i>		23c. DATE SIGNED <i>2/15/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Feb. 15-'51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Unknown</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>	
DATE REC'D BY LOCAL REG. <i>Feb 15-1951</i>		REGISTRAR'S SIGNATURE <i>Blanche Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>		ADDRESS <i>Mexico, Mo.</i>	

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

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-
Date Filed: FEB 19 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Charles A. Arnold*

Licensed Embalmer No. 3569

P. O. Address *Mission St.*

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