

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
244

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Euchenan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph Mo. c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Andrew
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Helena Mo. RR.1.
d. STREET ADDRESS (If rural, give location) R.R.1.

3. NAME OF DECEASED (Type or Print)
a. (First) William Riley b. (Middle) Fletcher. c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
1 - 8 - 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 2.2.1877

9. AGE (In years last birthday) 74

IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 12 HRS. Hours 0 Min. 0

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

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Andrew Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ely W. Fletcher

13b. MOTHER'S MAIDEN NAME Josephine Funk

14. NAME OF HUSBAND OR WIFE Ida May

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'S SIGNATURE OR NAME ADDRESS Jessie Fletcher, King City Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension
ANTECEDENT CAUSES DUE TO (b) Coronary atherosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) at

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:30, 1951, to 1-8-, 1952, that I last saw the deceased alive on 1-8-, 1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Jorgensen M.D. (Degree or title)

23b. ADDRESS 420 N 8th St + Suite 100

23c. DATE SIGNED 1-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1.11.1952

24c. NAME OF CEMETERY OR CREMATORY Union Star

24d. LOCATION (City, town, or county) (State) Union Star Mo.

DATE REC'D BY LOCAL REG. Jan 11, 1952

REGISTRAR'S SIGNATURE Carl C. Carter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. H. Taggart - King City Mo

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

0117
0

5711489

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.

Student Embalmer No.....

Signed R. H. Taggart -

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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 this body is not embalmed, fact should be so stated above.