

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

34130

State File No. _____

FILED OCT 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>WALK PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McComb</u>		<u>1820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>316 Georgia Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Richard</u>		a. (First)		b. (Middle) <u>Gant</u>		c. (Last) <u>Fletcher, Jr.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Nov 18, 1902</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MTH. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operating Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McComb, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>R. G. Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Quin</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>265-01-1572</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. L. FLETCHER - McComb, Miss</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident, by being struck by Automobile on highway</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES # <u>19. while walking. Attended by Dr. H. H. Hankford</u> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>At Audrain County Hospital, Mexico, Mo.</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No evidence of foul play. E 812.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #19</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>McComb</u> (COUNTY) <u>McComb</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct 20 1952 8:30 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck while working on highway</u>					
22. I hereby certify that I attended the deceased from <u>Coroner's Office</u> , 19 <u>52</u> , that I last saw the deceased <u>on Oct. 21</u> , 19 <u>52</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. C. Adams, M.D. Coroner</u> (Degree or title)				23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>10-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McComb Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McComb, Mississippi</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Arnold</u>		ADDRESS <u>12 Mexico, Mo</u>	

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

10430

OCT 31 1952

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
Student Embalmer

Signed

Richard Y. McDougald

Licensed Embalmer No. *4825*

P. O. Address *Merid 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.