

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42339

State File No.

FILED DEC 29 1953

BIRTH NO.		REG. DIST. NO. <u>40</u>		PRIMARY REG. DIST. NO. <u>4124</u>		Registrar's No. <u>814</u>		
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>				
b. CITY OR TOWN <u>Kahoka</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>Kahoka Mo</u>		d. STREET ADDRESS <u>0230</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Walter</u> b. (Middle) <u>Fletcher</u> c. (Last) <u>Fletcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 3-1884</u>		
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Fletcher</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Smith Rowena Fletcher</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>487-10-5174</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rowena Fletcher</u> ADDRESS <u>Kahoka</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES					1 day	
DUE TO (b) <u>Coronary disease</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					yes	
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 type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Dec 23, 1953</u> , to <u>Dec 23, 1953</u> , that I last saw the deceased alive on <u>Dec 23, 1953</u> , and that death occurred at <u>4:50 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Perry S. Barton, D.O.</u>				23b. ADDRESS <u>Kahoka, Mo</u>		23c. DATE SIGNED <u>12-24-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26-53</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>Wyaconda Cem. Wyaconda Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>12/24-53</u>		REGISTRAR'S SIGNATURE <u>H. Daniels</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leitung, Fred</u> ADDRESS <u>Kahoka</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

02020

Car

JAN 8 1954

JAN 21 1954

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 *Alvin L. Puttney*

Licensed Embalmer No. *2965*

P. O. Address *Albany*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri
County of Clark } ss.

State File No. 42 339
Local Registrar's No. 84

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of January, 1954, before me appears
P.O. Sansberry, who, upon his oath, states that the original record of ~~death~~
for Walter Fletcher, died December 23, 1953, in the State of
Missouri, and which was filed at Jefferson City, Mo. Dec. 29, 1953, should be corrected as follows:

Item No. 3 should read Walter Fletcher

Instead of Walter Fletcher Fletcher

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

P. O. Sansberry
Wyaconda, Mo.

none

Relationship.

Present Address.

Subscribed and sworn to before me this 20th day of January, 1954.

My Commission expires March 15, 1956 Eradell Pitman Notary Public.

S-42339