

5. No. 307
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25893

State File No.

FILED SEP 7 1956

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. LENGTH OF STAY (In this place) 5 Min.	c. CITY OR TOWN		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hospital			e. STREET ADDRESS (If rural, give location) 3 Mi. N.W. of Craig. <i>0440</i>		
3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) DAVIS c. (Last) FLETCHER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1956		
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1916	9. AGE (In years last birthday) 39	# UNDER 1 YEAR Months 0 # UNDER 1 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 Own farm	11. BIRTHPLACE (City and State or Foreign Country) Atchison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Samuel Fletcher		13b. MOTHER'S MAIDEN NAME Laura Davis		14. NAME OF HUSBAND OR WIFE Annora Fletcher	
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. ***** 491-22-7229	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annora Fletcher ADDRESS Craig 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) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction				instant
	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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
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 7/29/56 , 19 56 , to 8/29/56 , 19 56 , that I last saw the deceased alive on 8/29/56 , 19 56 , and that death occurred at 3:30 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. W. ...			23b. ADDRESS York Mo.		23c. DATE SIGNED 8/30/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/1/56	24c. NAME OF CEMETERY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Fairfax Mo.		
DATE REC'D BY LOCAL REG. Aug 30, 1956		REGISTRAR'S SIGNATURE Harvin H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home ADDRESS Fairfax Mo.		

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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