

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2321

FILED JAN 15 1957

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>PIKE</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. STATE <u>MO</u>	b. COUNTY <u>PIKE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cyrene</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eolia</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Accident Highway</u>	Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>20</u>	Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>JAMES</u>	Middle <u>Edmond</u>	Last <u>FLETCHER</u>	Month <u>JAN.</u>	Day <u>3</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 16 1999</u>	9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pike Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John E. Fletcher</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ann Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT Address <u>Mr. Eli Fletcher Cyrene Mo</u>

18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed chest trauma to heart</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Lost control of truck on icy pavement and overturned</u>	
20c. TIME OF INJURY Hour <u>6:30</u> a. m. Month <u>JAN</u> Day <u>3</u> Year <u>57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61-2 mi. n. of Cyrene</u>	20f. CITY, TOWN, OR LOCATION <u>Cyrene</u> COUNTY <u>Pike</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>6:30 A</u> to <u>Jan-3-57</u> and last saw him <u>dead</u> on <u>Jan-3-57</u> . Death occurred at <u>6:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>J. J. Mudd Coroner</u>	22b. ADDRESS <u>Bowling Green, Mo.</u>	22c. DATE SIGNED <u>Jan-4-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan. 10 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louisville</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Grace Bankhead Bowling Green</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 7, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

(Licensed Embalmer's Statement on Reverse Side)

300-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in terms of the symptoms which caused the disease in Part I. must be casually related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold C. King*.....

Licensed Embalmer No. *45*..

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.