

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006761

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Centennial St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Artie</u> Middle <u>May</u> Last <u>Fletcher</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>6</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 2 1908</u>		9. AGE (In years last birthday) <u>69</u> Months <u>6</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <u>Bowling Green Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>A.L. Fletcher</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Hodges</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT <u>Mrs. Homer Madison, Bowling Green Mo.</u>			
				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>SA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Shock from exposure</u>							
				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
20a. ACCIDENT <input 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>4222 F</u>	
20c. TIME OF INJURY Hour a. m. p. m.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>Feb 6 58</u> and last saw her/him alive on <u>Feb 5 58</u> . Death occurred at <u>3a</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.R. Mathews</u>				22b. ADDRESS <u>W.O. Bowling Green Mo</u>		22c. DATE SIGNED <u>2-11-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb 9 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HT Pisgah</u>		23d. LOCATION (City, town, or county) (State) <u>Pike Co Mo.</u>	
24. FUNERAL DIRECTOR <u>Trace Bankhead</u>		ADDRESS <u>Bowling Green Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/12/58</u>		26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Harold C. Kinn*

Licensed Embalmer No. *45*

P. O. Address *Bowling*

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.