

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016786

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1079

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton, Mo. RICHMOND HTS.</b>		c. CITY OR TOWN <b>Lemay 4870 D</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>132 E. Loretta</b>	
Length of stay in lb <b>1 Day</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Jess Fleetwood</b>			4. DATE OF DEATH Month Day Year <b>April 17, 1958</b>
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 2, 1895</b>
9. AGE (In years last birthday) <b>62</b>		10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer Shipbuilding Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shipbuilder</b>	11. BIRTHPLACE (City and state or country) <b>Pocahontas, Arkansas.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bud Fleetwood</b>	
13b. MOTHER'S MAIDEN NAME <b>Ora Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>Lew Fleetwood</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO. <b>430-12-2135</b>	17. INFORMANT Address <b>Lew Fleetwood, 132 E. Loretta, Lemay, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>skull fracture &amp; brain damage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>853X</b>
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 checked="" type="checkbox"/> NO <input 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.) <b>fell into hold of barge</b>		
20c. TIME OF INJURY Hour Month, Day, Year <b>11 a.m. 4 16 58</b>			
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.) <b>ships yard</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis MO</b>	COUNTY STATE <b>MO.</b>
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at <b>5:00 AM 4/17/58</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>U</b>	22b. ADDRESS <b>1101 E. Loretta</b>	22c. DATE SIGNED <b>4/18/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-18-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Monett Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monett, Arkansas.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington, Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>4-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>

MEDICAL CERTIFICATION  
D.V. Costa, MD

All diseases in Part I must be causally related.

1958  
JUL 2

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 *John J. Harrison* .....  
Licensed Embalmer No. *4108* .....  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.