pt. Health,
., & Welfare
S. Public
lth Service

. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039203
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 59 Primary Registration District No. 5776 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): BELTON — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 205 S. EAST AVE — Length of stay in 1b: 1 WEEK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CHARITON
c. CITY OR TOWN: TRIPLETT — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): IN TOWN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: IDA Middle: MAE Last: FLEETWOOD

4. DATE OF DEATH: Month 12 Day 1 Year 58

5. SEX: Fe
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 30, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): BOSWORTH MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS J. CARR
13b. MOTHER'S MAIDEN NAME: AMANDA MORRIS
14. NAME OF HUSBAND OR WIFE: FRANK W. FLEETWOOD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: C.J. FLEETWOOD Address: BELTON Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY ARTERIOSCLEROSIS, CHRONIC — 2 MO.
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PREVIOUS CORONARY OCCLUSION, 1½ MO. PRIOR
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): NONE
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952, to DEC. 1, 1958 and last saw her alive on NOV. 29, 1958
Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herbert A. Tracy (Degree or title): M.D.
22b. ADDRESS: BELTON, MO.
22c. DATE SIGNED: 12-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12-3-58
23c. NAME OF CEMETERY OR CREMATORY: McCullough Cemetery
23d. LOCATION (City, town, or county) (State): TRIPLETT, MISSOURI

24. FUNERAL DIRECTOR: E.K. GEORGE & SONS INC. ADDRESS: BELTON MO
25. DATE RECD. BY LOCAL REG.: 12-4-58
26. REGISTRAR'S SIGNATURE: Prudilla Anderson Deputy
By B. Goddard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 5 1963
CASS COUNTY
HEALTH DEPARTMENT

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 .....

Licensed Embalmer No. 4911

P. O. Address Pandora

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.