

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024389

FILED VS AUG 4 1959 53

3010

267

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 64 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2014 Broadway			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2014 Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First EUNICE Middle A. Last FLETCHER				4. DATE OF DEATH Month July Day 29 Year 1959							
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/17/1878		9. AGE (last birthday) 81			
IF UNDER 1 YEAR Months 4 Days 12		IF UNDER 24 HR Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Own home			
11. BIRTHPLACE (City and state or country) Oak Ridge, Missouri				12. CITIZEN OF WHAT COUNTRY U. S.							
13a. FATHER'S NAME John F. Fulbright			13b. MOTHER'S MAIDEN NAME Corine Conrad			14. NAME OF HUSBAND OR WIFE B. W. 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. No			17. INFORMANT B. W. Fletcher Address Cape Girardeau, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis & Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH 1 hr. 3 yr +			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)							
20c. TIME OF INJURY Hour 12 a.m. p.m. Month, Day, Year 5-28-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo.		20g. COUNTY Cape Girardeau		20h. STATE Missouri	
21. I attended the deceased from 5-28-59 to 7-29-59 and last saw him alive on 7-29-59 Death occurred at 12:42 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
21. SIGNATURE (Name or title) William J. Dehler M.D.				22b. ADDRESS Cape Girardeau, Mo.				22c. DATE SIGNED 7/30/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 31, 1959		23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Missouri					
24. FUNERAL DIRECTOR Walther's Funeral Home				25. DATE RECD. BY LOCAL REG. 7-30-59		26. REGISTRAR'S SIGNATURE Doree Koster					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1959

REGISTRATION SA
JUL 11 1959

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cap. Cross

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.