

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS DEC 12 1960

93

-60-041470

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

60-76

IDED

1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>North Twp.</b>		Length of stay in 1b <b>50 yrs</b>		c. CITY OR TOWN <b>Greenfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. #2, Greenfield</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8mi. N.W.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Nellie</b> Middle <b>Alice</b> Last <b>Fletcher</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>5</b> Year <b>1960</b>									
5. SEX <b>Female</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>1-1-1887</b>		9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Dade County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Marion Killingsworth</b>				13b. MOTHER'S MAIDEN NAME <b>Alice Mitchell</b>				13c. NAME OF HUSBAND OR WIFE <b>J. Lewis Fletcher</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mr. J. L. Fletcher; Greenfield, Mo.</b>				Address <b>Rt. #2</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>Coronary Thrombosis</b>										INTERVAL BETWEEN ONSET AND DEATH			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m. Month, Day, Year													
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 <b>Dec 4 '60</b> to <b>Dec 5 '60</b> and last saw her <sup>her</sup> alive on <b>Dec 6 '60</b> Death occurred at <b>6:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>J. C. Cowan</b> (Degree or title)				22b. ADDRESS <b>M.D. Greenfield, Mo.</b>				22c. DATE SIGNED <b>12-7-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 8, 1960</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Pleasant Grove</b>				23d. LOCATION (City, town, or county) (State) <b>Dade County, Mo.</b>					
24. FUNERAL DIRECTOR <b>J. C. Canada, Greenfield, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>12-7-1960</b>				26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*J. C. Canada*

Licensed Embalmer No. 4196

P. O. Address Greenfield,

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.