MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-018955 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2560 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

FILED JUN 8 1962

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: ~~40 YRS.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3516 SUMMIT HOME CRESTHAVEN CONVALESCENT — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: NORTH KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1228 EAST 22ND AVE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle HENRY Last FLETCHER SR.
4. DATE OF DEATH: Month MAY Day 10 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-7-1886
9. AGE (last birthday): 76 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: WABASH RAILROAD
11. BIRTHPLACE (City and state or country): JAMESTOWN, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM E. FLETCHER
13b. MOTHER'S MAIDEN NAME: MARY HIGGINS
14. NAME OF ~~HUSBAND OR~~ WIFE: MYRTLE M. 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.: NONE
17. INFORMANT: JOHN H. FLETCHER JR. Address: NORTH KAN. CITY 1228 E. 22ND AVE.

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 Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Bronchiectasis — Months
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. ☐ Yes ☐ No ☐ Unknown

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.)
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1961, to Present and last saw ~~him~~ him alive on 5/10/62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. D. Dwyer MD.
22b. ADDRESS: 1806 Griffith Ave. North Kansas City Mo
22c. DATE SIGNED: 5/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 12-1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: WHITE CHAPEL
23d. LOCATION (City, town, or county) (State): GLADSTONE, MO.

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: NORTH KANSAS CITY
25. DATE RECD. BY LOCAL REG.: 5-11-62
26. REGISTRAR'S SIGNATURE: Ruth Long

MEDICAL CERTIFICATION: R. D. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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 V. Henrich Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 17, 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.