

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010351

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 832 Primary Registration District No. 4042 Registrar's No. 24
FILED APR 9 1963

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6090
8090
3
4 1
5 2
6
7 1
8 2
9 200
10
11 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) Lutesville		Length of stay in 1b 2 Months		c. CITY OR TOWN Near Bessville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Residence				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Martha S. Fletcher				4. DATE OF DEATH Month Day Year April 1, 1963			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 4, 1882	
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 2 Days 26		IF UNDER 24 HR. 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				11. BIRTHPLACE (City and state of country) Arlington, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Ricketts			13b. MOTHER'S MAIDEN NAME Evalina Vail			14. NAME OF HUSBAND OR WIFE M. J. Fletcher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No.				16. SOCIAL SECURITY NO.		17. INFORMANT Leo B. Fletcher, Matteson Ill.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.)							
IMMEDIATE CAUSE (a) Circulatory Failure							
DUE TO (b) Arteriosclerotic Heart Disease & Hypertension Chronic							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis						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	
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.) none			
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 Feb 10, 1962 to April 1, 1963 and last saw her alive on April 1, 1963 Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William J. Freitas, D.O.				22b. ADDRESS Lutesville Missouri		22c. DATE SIGNED 3-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 4, 1963		23c. NAME OF CEMETERY OR CREMATORY Dunkirk Cemetery		23d. LOCATION (City, town, or county) Dunkirk, Ohio.	
24. FUNERAL DIRECTOR Baker Funeral Home, Lutesville, Mo.				25. DATE RECD. BY LOCAL REG. 4/2/63		26. REGISTRAR'S SIGNATURE Mrs. Buford Crades	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1963

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville 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.

2-08