

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030916

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 35

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
10950		
20950		
3		
4 0		
5 1		
6		
7 0		
8 0		
9420.1		
10		
11		
12 90.0		
13 1-0		

1. PLACE OF DEATH a. COUNTY Ste Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weingarten		Length of stay in 1b	c. CITY OR TOWN Weingarten
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 1
3. NAME OF DECEASED (Type or print) First Raymond Middle Thomas Last Fletcher		4. DATE OF DEATH Month July Day 27 Year 1963	
5. SEX Male	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 12/29/26
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Fletcher		13b. MOTHER'S MAIDEN NAME Mary	
14. NAME OF HUSBAND OR WIFE Verona Mae Fletcher		17. INFORMANT Address Verone Mae Fletcher Weingarten, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO.	
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 myocardial infarction a few min. Coronary sclerosis 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 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 Dec 1961 to July 27, 1963 and last saw him alive on Mar 1962 Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Hickstep (Degree or title)		22b. ADDRESS Farmington, Mo	
22c. DATE SIGNED 7/27/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/30/63	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	23d. LOCATION (City, town, or county) Farmington Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.		25. DATE RECD. BY LOCAL REG. 27 July 1963	26. REGISTRAR'S SIGNATURE George L. Wood

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 13 1963

AUG 5 1963

AUG 8 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

Bert J. Miller

Licensed Embalmer No.

3752

P. O. Address

Farmington, 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.