

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040343

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 173

FILED OCT 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 53 yrs	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1027 W. Nelson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1027 W. Nelson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MILDRED ELLEN FLETCHER			4. DATE OF DEATH Month Day Year October 13, 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1882
9. AGE (last birthday) 80		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 seamstress		10b. KIND OF BUSINESS OR INDUSTRY Smith Bros Mfg Co	11. BIRTHPLACE (City and state or country) Harrison Co, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles Fletcher	
13b. MOTHER'S MAIDEN NAME Mary Workmon		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		17. INFORMANT Address Webb City, Mo Lela Fletcher, 1027 Nelson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the stomach			INTERVAL BETWEEN DEATH AND DEATH ABOUT 1 year
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 <u>3-28-63</u> to <u>10-13-63</u> and last saw her alive on <u>10-1-63</u> Death occurred at <u>6:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James V. Flaherty M.D.</i> (Degree or title)		22b. ADDRESS 319 W. Main St., Cartersville, Mo.	
22c. DATE SIGNED 10-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-15-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) Webb City, Mo		(State)	
24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo		25. DATE RECD. BY LOCAL REG. 10-15-63	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

USE BLACK INK OR TYPEWRITER RIBBON

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Permit permit issued 10-13-63

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.