

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29847

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5313 Registrar's No. 7

8270

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL NORTH MONITEAU		c. CITY (If outside corporate limits, write RURAL and give township) RURAL NORTH MONITEAU	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR MONITEAU CREEK	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR MONITEAU CREEK		d. STREET ADDRESS (If rural, give location) California Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) FLETCHER		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21-1950	
5. SEX FEMALE WHITE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 29-1873	
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME TOM C. ROY	
13b. MOTHER'S MAIDEN NAME MARY DUFFEY		14. NAME OF HUSBAND OR WIFE GAMES 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. No	
17. INFORMANT'S SIGNATURE OR NAME Claude Fletcher		ADDRESS California Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Effusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH 2900		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural North Moniteau Cooper Mo	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Rural North Moniteau Cooper Mo		21d. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Rural North Moniteau Cooper Mo	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21g. HOW DID INJURY OCCUR		21h. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from May 1, 1948 , to Sept. 21, 1950 , that I last saw the deceased alive on Sept. 20, 1950 and that death occurred at _____ am., from the causes and on the date stated above.			
23a. SIGNATURE T. D. Brown		23b. ADDRESS California, Mo.	
23c. DATE SIGNED 9/22/50		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/23-1950	
24c. NAME OF CEMETERY OR CREMATORY STYCKNEADEN CEM.		24d. LOCATION (City, town, or county) (State) NEAR BAILE HOME MO	
DATE REC'D BY LOCAL REG. 9/25/50		REGISTRAR'S SIGNATURE V. T. Maudith	
442		25. FUNERAL DIRECTOR'S SIGNATURE To. Albert Hornbeck	
ADDRESS Baile Home		ADDRESS Mo	

RECEIVED 10/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 10/2/50

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
Student Embalmer

Signed *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Bowie Home Md.*

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 this body is not embalmed, fact should be so stated above.