

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

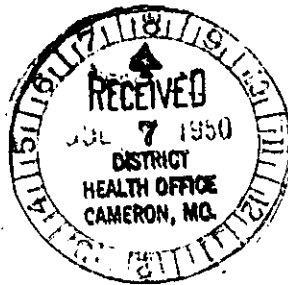
State File No. **26334**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 90

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Clay County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick | |
| c. LENGTH OF STAY (In this place) 6 Months | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sharp Nursing Home | | | |
| 3. NAME OF DECEASED a. (First) Leannah | | b. (Middle) Fletcher | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) June 28-50 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH Nov. 5, 1858 |
| 9. AGE (In years last birthday) 91 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Cyrus Stokes | | 13b. MOTHER'S MAIDEN NAME Rebecca Jane Blythe | |
| 14. NAME OF HUSBAND OR WIFE John Calvin 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. | |
| 17. INFORMANT'S SIGNATURE OR NAME Elmer Fletcher | | ADDRESS Orrick, | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis INTERVAL BETWEEN ONSET AND DEATH 1 week 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 | |
| 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.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 1-10-1949 , to 10-11-1949 , that I last saw the deceased alive on 10-11-1949 , and that death occurred at 6-28-50 m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Virgil E. Shale M.D. | | 23b. ADDRESS Orrick, Mo. | |
| 23c. DATE SIGNED 6-29-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 30, 50 | |
| 24c. NAME OF CEMETERY OR CREMATORY Riffe Cemetery | | 24d. LOCATION (City, town, or county) (State) 3 Mi. N. of Orrick, Mo. | |
| DATE REC'D BY LOCAL REG. 6-29-50 | | REGISTRAR'S SIGNATURE Caroline Hutchings | |
| 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good | | ADDRESS Orrick, Mo. | |

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

3741
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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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Victor E. Trimmer*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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 this body is not embalmed, fact should be so stated above.