

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14217

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>0891</u>	
c. LENGTH OF STAY (In this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>Whehill Street 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whehill St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Fletcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 27 1872</u>
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>3</u> DAYS <u>11</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baking</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnathan W. Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Sumner</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Pearl Fletcher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Pearl Fletcher</u>		ADDRESS <u>Richmond Missouri</u>	
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) <u>acute dilatation</u> ANTECEDENT CAUSES MORIBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of esoph.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1991	
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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 8, 1950</u> to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>April 8, 1950</u> and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. G. Hay W. D.</u>		23b. ADDRESS <u>Richmond</u>	
23c. DATE SIGNED <u>4-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wardens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wardens Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 12 - 1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> 273	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. Jackson</u>		ADDRESS <u>Frank L. Jackson, Funeral Home, Richmond, Missouri</u>	

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

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RECEIVED APR 17 1950

District Health Officer No. 8,

District File Number.....

Date Filed 4-29-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed George H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4066

P. O. Address Richmond, Virginia

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.