

## STANDARD CERTIFICATE OF DEATH

3046

State File No.

9448

BIRTH NO. FILED APR 14 1954

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 5796

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

Moniteau

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Missouri

b. COUNTY

Moniteau

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

California Rural-Walker

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

California Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Latham Hospital California

e. STREET ADDRESS

(If rural, give location)

S-mi S-W- California Mo.

0680

## 3. NAME OF DECEASED

(Type or Print)

ANNA

a. (First)

b. (Middle)

c. (Last)

FLETCHER

4. DATE OF DEATH

(Month)

(Day)

(Year)

April 6

1954

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

July 13 - 1878

## 9. AGE (in years last birthday)

74

## 10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

23

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

n.

## 11. BIRTHPLACE (City and State or Foreign Country)

Latham Mo. Moniteau Co.

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Tom Pardoe

## 13b. MOTHER'S MAIDEN NAME

Nancy Dunham

## 14. NAME OF HUSBAND OR WIFE

Martin Fletcher

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

no

## 16. SOCIAL SECURITY NO.

no

## 17. INFORMANT'S SIGNATURE OR NAME

Mr Martin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Cerebral hemorrhage

## 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.

## INTERVAL BETWEEN ONSET AND DEATH

10 days

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐NO ☒

## 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)

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1954, to April 6, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 2 P. M., from the causes and on the date stated above.

## 23a. SIGNATURE

Kenyon Latham

## (Degree or title)

M.D.

## 23b. ADDRESS

California, Mo

## 23c. DATE SIGNED

4-10-54

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

April 8, 1954

## 24c. NAME OF CEMETERY OR CREMATORY

Latham Cemetery

## 24d. LOCATION (City, town, or county)

Latham

## (State)

Mo

## DATE REC'D BY LOCAL REG.

4-10-54

## REGISTRAR'S SIGNATURE

H. S. Papayoy

## 506

## 25. FUNERAL DIRECTOR'S SIGNATURE

Hugh E. Williams

## ADDRESS

California Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Hugh E. Williams*.....

Licensed Embalmer No. *352*..

P. O. Address. *California*

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.