

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9493

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Newburg</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>Newburg</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1st Newburg Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES.</u> b. (Middle) <u>MERT</u> c. (Last) <u>FITZGERALD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 - 1949</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>Dec 31 - 1888</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Waynesville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Benjamin F. Fitzgerald</u>		13b. MOTHER'S MAIDEN NAME <u>Salonia Sewell</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Fitzgerald</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-07-6568</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee F. Macdonnie</u> ADDRESS <u>Newburg Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of throat</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1988</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Dec 10, 1948</u> to <u>Mar 27, 1949</u> , that I last saw the deceased alive on <u>Mar 18, 1949</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) <u>Richard E. Moore, D.D.</u>		23b. ADDRESS <u>Newburg, Mo.</u>	23c. DATE SIGNED <u>March 29</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Mar 29 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>	24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>
DATE REC'D BY LOCAL REG. <u>4-9-49</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	ADDRESS <u>Newburg Mo</u>

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

RECEIVED

Phelps County Health Officer;

County File Number _____

Date Filled 4/12/49

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.~~

Signed _____

Lee Johnson

Signed _____

Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.