

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23224**

51

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4224** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Forest City		c. CITY (If outside corporate limits, write RURAL and give township) Forest City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Elizabeth	c. (Last) Fitzmaurice	4. DATE OF DEATH (Month) (Day) (Year) July 15 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 24th. 1875	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Hours) (Min.) 74
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.B.
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13a. FATHER'S NAME Martin Gordon	13b. MOTHER'S MAIDEN NAME Margaret E. Grooms	14. NAME OF HUSBAND OR WIFE Edward Fitzmaurice
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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. None	17. INFORMANT'S SIGNATURE OR NAME Ed Fitzmaurice	ADDRESS Forest City, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4227
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo Carditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-13-49**, 19____, to **7-13-49**, 19____, that I last saw the deceased alive on **7/12**, 19**49**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M.C. Dew	(Degree or title) D.O.	23b. ADDRESS Marion, Mo.	23c. DATE SIGNED 7/13/49
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24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	24b. DATE 7-16-49	24c. NAME OF CEMETERY OR CREMATORY Forest City	24d. LOCATION (City, town, or county) (State) Forest City, Mo.
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DATE REC'D BY LOCAL REG. 7-14-49	REGISTRAR'S SIGNATURE L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew	ADDRESS Oregon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

initials only inserted

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.