

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31142**

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Lurena b. (Middle) Fitzgerald c. (Last) Fairchild			4. DATE OF DEATH (Month) (Day) (Year) Sept 4th 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 9th 1888		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
13a. FATHER'S NAME Benjamin Fritgerald			13b. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.

14. NAME OF HUSBAND OR WIFE I.O. Fairchild "Deceased"	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs George Nelson Montgomery 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
DUE TO (b) <i>Acute dilatation Rt. Ventricle heart failure</i>		DUE TO (c) <i>Chronic myocarditis</i>		5 yrs.
DUE TO (c) <i>Chronic interstitial Nephritis</i>				5 yrs.
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 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) 4222
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 6-2, 1949, to Sept 4, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Helm M.D.		23b. ADDRESS New Florence Mo.		23c. DATE SIGNED 9-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-5-49	24c. NAME OF CEMETERY OR CREMATORIAL Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City Mo	
DATE REC'D BY LOCAL REG. 9-6-49	REGISTRAR'S SIGNATURE Bernice E. Wyatt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Hopkins Montgomery City Mo		

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

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, ~~on~~ on the day of Sept 1949

working under my personal supervision.

Student Embalmer No. _____



Signed C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.