

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26849
Registrar's No. 3554

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 3 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hardin, Mo. 1480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6003 E 11th		d. STREET ADDRESS (If rural, give location) no	

3. NAME OF DECEASED (Type or Print), DORA	a. (First)	b. (Middle)	c. (Last) FITZWATER	4. DATE OF DEATH 8/18/50	(Month)	(Day)	(Year)
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5. SEX Fem	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH 12/11/62	9. AGE (In years last birthday) 87	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Wm. Baker	13b. MOTHER'S MAIDEN NAME Susan Brock	14. NAME OF HUSBAND OR WIFE Solen Fitzwater, Dec.
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Milligan, Hardin, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Chronic Valvular Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 112 1/2 days
	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. Dysentery		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	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 8/12, 1950, to 8/18, 1950, that I last saw the deceased alive on 8/18, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R.A. Williams	(Degree or title)	23b. ADDRESS Mt. 5400 St John Ave	23c. DATE SIGNED 8/19/50
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 8/20/50	24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery	24d. LOCATION (City, town, or county) (State) Hardin, Mo.
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DATE REC'D BY LOCAL REG. 8-19-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil, K. C. Mo.	ADDRESS
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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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John P. Shield

Licensed Embalmer No. 3625

P. O. Address N. C. Md.

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.