

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30922

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 67

541
1

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	c. LENGTH OF STAY (In this place) 25yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville 05-41	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Marion c. (Last) Fitzsimmons			4. DATE OF DEATH (Month) (Day) (Year) 9 15 50		
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5. SEX M	6. COLOR OR RACE Whitem	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-21-84		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 25	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Franklin County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Thomas Fitzsimmons		13b. MOTHER'S MAIDEN NAME Rachel Palmer		14. NAME OF HUSBAND OR WIFE Barbara E. McSpadden	
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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. 709-12-1349		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Corley Higginsville, Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				Instant	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Prostate				4201 2 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 May 1950, to Sept 1950; that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma Koppert, M.D.		23b. ADDRESS Higginsville, Missouri		23c. DATE SIGNED Sept. 18, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-18-50,	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.		
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DATE REC'D BY LOCAL REG. Sept 20-1950		REGISTRAR'S SIGNATURE Clayton W. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 154 Higgsinsville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

9/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

9-27-50

OCT 1950

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

Forrest J. Hooper

Signed

Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.