

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37016**
4573

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|---|--|--|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY 1241 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 25 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 1015 SWIFT | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN | | | b. (Middle) WILLIAM | | c. (Last) FIGHTMASTER | | 4. DATE OF DEATH (Month) (Day) (Year) OCT 29 50 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH- OCT. 7 1885 | | 9. AGE (In years last birthday) 65 | If UNDER 1 YEAR Months | If UNDER 12 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROOMING HOUSEOPERATER | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) LIBERTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME WILLIAM FIGHTMASTER | | | 13b. MOTHER'S MAIDEN NAME REBECCA BRYANT | | 14. NAME OF HUSBAND OR WIFE KATIE FIGHTMASTER | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) NO | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND FIGHTMASTER NORTH KANSAS CITY | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Gastric Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Gastric Ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5400 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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 Pathologist , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ on _____, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Jack H. Hill (Degree or title) | | | | 23b. ADDRESS m. d., 3001 Wyandotte St. K.C. Mo. | | 23c. DATE SIGNED 30 Oct 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 10-1-50 | | 24c. NAME OF CEMETERY OR CREMATORY NEW HOPE | | 24d. LOCATION (City, town, or county) (State) LIBERTY, MISSOURI | |
| DATE REC'D BY LOCAL REG. 10-31-50 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. NEWCOMER'S SONS NORTH KANSAS CITY | | | |

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

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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. 393

Signed John K. Arwick, Jr.
Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 4586

P. O. Address Quandale, 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.