

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20518

FILED JUN 19 1951

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 278

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 64 Yrs		d. STREET ADDRESS (If rural, give location) 1609 West 26th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1609 West 26th Street			
3. NAME OF DECEASED a. (First) James (Type or Print) b. (Middle) P. c. (Last) FITHIAN			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 18, 1866
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	11. BIRTHPLACE (State or foreign country) Barry County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentering	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Fithian		13b. MOTHER'S MAIDEN NAME Elizabeth Galbreath	14. NAME OF HUSBAND OR WIFE Cora Fithian
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 ADDRESS Cora Fithian 1609 West 26th Joplin, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis senile			years
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic prostatitis			years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)			
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?			
22. I hereby certify that I attended the deceased from 1948 , 19____, to June 8 , 19 51 , that I last saw the deceased alive on June 1st, 1951 , and that death occurred at 12:30P m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS DO 709 Joplin St., Joplin, Mo.	
23c. DATE SIGNED 6-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1951	
24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 6-14-51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary Joplin, Mo.	

RECEIVED 6-18-51

Jasper County Health Office

County File Number 51/6/494

Date Filed 6-18-51

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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.

Signed W. E. Judd

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin Missouri

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.