

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29891

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Watkins Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Watkins Twp</u> <u>0330</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>near Lennox, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none - Near Anutt, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u> b. (Middle) <u>L</u> c. (Last) <u>Fitzgerald</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9/10/51</u>
---	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1/8/1935</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
--------------------	------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cutting Timber</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	---

13a. FATHER'S NAME <u>Lee Fitzgerald</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Garrison</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Fitzgerald, Lennox, Missouri</u>	ADDRESS <u>Lee Fitzgerald, Lennox, Missouri</u>
---	--	--	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull caused from falling tree</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>nr2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At work in woods</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Watkins Twp Dent Missouri</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/10/51 2 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()	21f. HOW DID INJURY OCCUR? <u>Tree that was being felled split and struck in head.</u>
--	---	--

22. I hereby certify that I attended the deceased from never say alive, 1951, that I last saw the deceased alive on, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Spitzer</u> (Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>Salem, Missouri</u>	23c. DATE SIGNED <u>9/11/51</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tune Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-11-51</u>	REGISTRAR'S SIGNATURE <u>M.M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spitzer</u>	ADDRESS <u>Salem, Mo.</u>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me

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.