

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9122

432 State File No. _____

FILED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 12

0640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manle Lawn Rest Home		d. STREET ADDRESS (If rural, give location) Spalding Community	

3. NAME OF DECEASED (Type or Print) a. (First) John Henry b. (Middle) Fitcher c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH January 10, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2	IF UNDER 2 HRS. Days 4	IF UNDER 2 HRS. Hours 4	IF UNDER 2 HRS. Mins. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Paul Fitcher		13b. MOTHER'S MAIDEN NAME Fredericka Holtzman		14. NAME OF HUSBAND OR WIFE No record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME S. A. Drake, Palmyra		ADDRESS Mo	

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) Coronary Heart Disease				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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 4201				20. AUTOPSY? YES <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE E. M. Luella		(Degree or title) M.D.		23b. ADDRESS Hannibal - Mo		23c. DATE SIGNED 3-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/52		24c. NAME OF CEMETERY OR CREMATORY Big Cross Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 3/19/52		REGISTRAR'S SIGNATURE E. M. Luella		FUNERAL DIRECTOR'S SIGNATURE W. C. Smith		ADDRESS Hannibal Missouri	
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RECEIVED APR 5 1952
MARION CO. HEALTH DEPT.
DATE FILED APR 5 1952

NOV 18 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.