

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9127**

MAR 26 1952

BIRTH NO.		REG. DIST. NO. 210	PRIMARY REG. DIST. NO. 5776	Registrar's No. 128
1. PLACE OF DEATH a. COUNTY MERCER		2. USUAL RESIDENCE (Where deceased lived. If institution: room before admission). a. STATE MO b. COUNTY MERCER		
b. CITY (If outside corporate limits, write RURAL and give township) RURAL WASHINGTON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL 0650		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) WASHINGTON TOWNSHIP		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) NANCY		b. (Middle) ELIZABETH FITZPATRICK		c. (Last) FITZPATRICK
4. DATE OF DEATH (Month) (Day) (Year) MAR-15-1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC-7-1859	9. AGE (In years last birthday) 92 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME WILLIAM THOMAS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE TAYLOR FITZPATRICK
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN FITZPATRICK SPICKARD 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 3-2 days 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		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) 490X
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 3-12 , 19 52 , to Mar 15 , 19 52 , that I last saw the deceased alive on Mar 12 , 19 52 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE E. W. ...		(Degree or title)		23b. ADDRESS Spickard Mo
23c. DATE SIGNED 3-16-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-17-1952		24c. NAME OF CEMETERY OR CREMATORY WYATT CEM.
24d. LOCATION (City, town, or county) (State) MERCER CO. MO.				
DATE REC'D BY LOCAL REG. 3-20-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed..... *Rose Wiese*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.