

No. 305
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13556

APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 14

630

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boone Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boone Twp.	
c. LENGTH OF STAY (in this place) Life		1630	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Meta, Mo. Rt. 2.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Catherine c. (Last) Fitzpatrick	4. DATE OF DEATH (Month) (Day) (Year) Apr. 13, 1952.
---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 26	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Peter Schulte	13b. MOTHER'S MAIDEN NAME Elizabeth Renkemeyer	14. NAME OF HUSBAND OR WIFE Daniel Fitzpatrick
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Daniel Fitzpatrick, Meta, Mo. ADDRESS
---	-------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	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 2040	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) + m.	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 **Jan 10, 1952** to **April 10, 1952** that I last saw the deceased alive on **April 10, 1952** and that death occurred at **5P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Moore Do. (Degree or title)	23b. ADDRESS Argyle Mo	23c. DATE SIGNED 4.14.52
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 16, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery	24d. LOCATION (City, town, or county) (State) Argyle, Mo.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 4-15-52	REGISTRAR'S SIGNATURE Pauline Toward	FUNERAL DIRECTOR'S SIGNATURE McKinnish ADDRESS Vienna, Mo.
---	---	--

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.

Signed

McBrimm

Signed.....
Student Embalmer

Licensed Embalmer No.

3664

P. O. Address

Meriden 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.