

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21892

State File No.

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demiseat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tyler, Demiseat Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tyler, Demiseat Twp</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0789</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Fitzmaurice</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-52</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-11-1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>Rendell Co Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Woodley</u>	14. NAME OF HUSBAND OR WIFE <u>W.J. Fitzmaurice</u>
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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. -	17. INFORMANT'S SIGNATURE OR NAME <u>W.J. Fitzmaurice</u>	ADDRESS <u>Tyler, Mo</u>
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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) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 2 11</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Shaveburg, Ill. Mo for 40 years, that I last saw the deceased alive on June 11, 1952, and that death occurred at 7 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.H.M. Mason, M.D.</u>	23b. ADDRESS <u>Tyler Mo</u>	23c. DATE SIGNED <u>6-15-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Paradise</u>	24d. LOCATION (City, town, or county) (State) <u>Courthernville Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-1-1952</u>	REGISTRAR'S SIGNATURE <u>Trevis B. Wilkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Armon</u>	ADDRESS <u>Stark Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1780
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7-52-197

Rec. JUL 1 1952

F. B. Beecher, M. D.,
Misscot County Health Department,
Waruthersville, Missouri

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 *John W. Herman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti 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.