

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4867**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rathburn Nursing Home</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
1008 Church		d. STREET ADDRESS (If rural, give location) <u>823 Powell</u>	

3. NAME OF DECEASED a. (First) Addie b. (Middle) Victoria c. (Last) Fitzwater 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH Jan. 18, 1937 9. AGE (In years last birthday) 16 10. UNDER 1 YEAR Months 1 Days 16 11. UNDER 1 HRS. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jess Clark 13b. MOTHER'S MAIDEN NAME Maggie Rogers 14. NAME OF HUSBAND OR WIFE Wm. Tartar

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. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. H. Kent ADDRESS Mission, Kans

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) File

ANTECEDENT CAUSES Senility

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS 481X

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 wk.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-1-53, 1953, to 2-7-53, that I last saw the deceased alive on 2-24, 1953, and that death occurred at 8:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. J. ... 23b. ADDRESS 423 Main 23c. DATE SIGNED 2/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/8/53 24c. NAME OF CEMETERY OR CREMATORY Gower Cemetery 24d. LOCATION (City, town, or county) (State) Gower, Mo.

DATE REC'D BY LOCAL REG. Feb 10, 1953 REGISTRAR'S SIGNATURE Carl C. Casey 25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry ADDRESS St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 Victor Barry

Licensed Embalmer No. 14212

P. O. Address St Joseph 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.