

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

State File No. **6884**
Registrar's No. **6**

FILED FEB 18 1953

No. 300
10.48

0650

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

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 2/322		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0650			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital				d. STREET ADDRESS (If rural, give location) RFD 1 Cainsville, Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Dale c. (Last) Fitzpatrick			4. DATE OF DEATH (Month) (Day) (Year) January 29 1953						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 30 1936		9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours	IF UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harrison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Alva N. Fitzpatrick			13b. MOTHER'S MAIDEN NAME Madge Dinsmore		14. NAME OF HUSBAND OR WIFE				
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. None		17. INFORMANT'S SIGNATURE OR NAME Alva N. Fitzpatrick					ADDRESS Cainsville, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis						INTERVAL BETWEEN ONSET AND DEATH 1 day		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendiceal Abscess						1 day		
	DUE TO (c) 5501								
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulo-Nephritis						14 years		
	Malnutrition								
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)					
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 Jan 25, 1953 , to Jan 29, 1953 , that I last saw the deceased alive on Jan 29, 1953 , and that death occurred at 4:00A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. M. D.				23b. ADDRESS Princeton, Missouri.		23c. DATE SIGNED 1/31/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Springer Cemetery		24d. LOCATION (City, town, or county) (State) Ridgeway, Mo.				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Paul M. ...		3993		5. PHYSICIAN DIRECTOR'S SIGNATURE ...		ADDRESS Cainsville, Mo.	

STATEMENT BY LICENSED EMBALMER

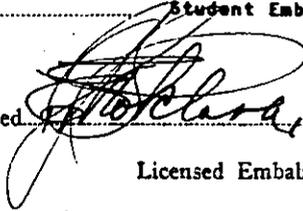
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of/by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Gainsville, 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.