

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22572**
Registrar's No. **23**

FILED JUL 13 1953

BIRTH NO. _____		REG. DIST. NO. 295		PRIMARY REG. DIST. NO. 4441		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Stingley c. (Last) Fitzwater				4. DATE OF DEATH (Month) (Day) (Year) June 30 1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 31, 1878	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		11. KIND OF BUSINESS OR INDUSTRY farming		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Fitzwater		13b. MOTHER'S MAIDEN NAME Mary C. Fitzwater		14. NAME OF HUSBAND OR WIFE Ida Lois Fitzwater			
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 ADDRESS: J.A. Fitzwater; Clifton Hill, 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) Carcinoma of Spleen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 April 1952 , to June 30, 1953 , that I had seen the deceased alive on June 30, 1953 , and that death occurred at 1:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE M.C. Alexander M.D. (Degree or title)				23b. ADDRESS Clifton Hill Mo		23c. DATE SIGNED 7-8-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery		24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri	
DATE REC'D BY LOCAL REG. 7-10-53		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Patton & Sons Huntville, Mo			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Paul J. Patton

Signed.....

Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Wentzville, 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.