

FILED NOV 2 - 1953

STANDARD CERTIFICATE OF DEATH

5 57 State File No. 139

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 303-2 Registrar's No. 139

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

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Crawford c. (Last) Fitch			4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH DEC. 25, 1868		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James M. Fitch		13b. MOTHER'S MAIDEN NAME Martha Davis	
14. NAME OF HUSBAND OR WIFE Ada Fitch: Deceased		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 Ada McBurney, RFD Centerview, Mo.		17. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to head received in automobile accident. ANTECEDENT CAUSES in automobile accident. 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.		INTERVAL BETWEEN ONSET AND DEATH E8124 25	
---	--	--	--	---	--

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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lot: US 50 & M		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbus Township, Johnson, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 23, 53: m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by automobile on U.S. 50	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Kelly Rowland M.D.		23b. ADDRESS Holden, Missouri		23c. DATE SIGNED 10/23/53	
--	--	--------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Oct. 24, 1953		REGISTRAR'S SIGNATURE Savannah Phillips		25. FUNERAL DIRECTOR'S SIGNATURE Savannah Phillips		ADDRESS Warrensburg, Mo	
---	--	--	--	---	--	--------------------------------	--

WRITE PLAINLY—USING BLACKINK—MAKE A PERMANENT RECORD

RECEIVED
OCT 2 1951
JOHNSON COUNTY HEALTH DEPT.

997

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.