

STANDARD CERTIFICATE OF DEATH

State File No. **42399**  
Registrar's No. **366**

FILED DEC 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Argyle, Mo.</b>	
c. LENGTH OF STAY (Specify) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>0760 /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Fitzpatrick</b> c. (Last) <b>Fitzpatrick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 17, 1890</b>	9. AGE (In years last birthday) <b>63</b>	10 UNDER 1 YEAR <b>9</b>	11 UNDER 1 YEAR <b>10</b>	12 UNDER 1 YEAR <b>10</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Barthelme Fitzpatrick</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Birmingham</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Fitzpatrick</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Matt Fitzpatrick, Argyle, Mo.</b> ADDRESS _____
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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) <b>Arteriosclerosis heart disease year</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus year</b>		
	DUE TO (c) <b>Abuse of the st. hip. week</b>		
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 <b>260X</b>	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 **Dec 15, 1952**, to **Dec 27, 1952**, that I last saw the deceased alive on **Dec 26, 1953**, and that death occurred at **2:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas P. Mudd M.D. 502 P. Night</b>	23b. ADDRESS _____	23c. DATE SIGNED <b>Dec 29/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Aloysius</b>	24d. LOCATION (City, town, or county) (State) <b>Argyle, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 28-1953</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis MD - MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Obermayer</b>	ADDRESS <b>Vienna, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1954

**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 *W. C. Burmister*

Licensed Embalmer No. 36647

P. O. Address *Vienna, 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.