

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1307**
Registrar's No. **61**

FILED **JAN 27 1954**
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY Jackson	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 20 2503 WOODLAND	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) S. c. (Last) FITCH		4. DATE OF DEATH (Month) (Day) (Year) January 4, 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorce d	8. DATE OF BIRTH October 9, 1913
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod carrier	11. BIRTHPLACE (City and State or Foreign Country) Houma, La.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Building	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mc Henry Fitch	13b. MOTHER'S MAIDEN NAME Margarett Heiss	14. NAME OF HUSBAND OR WIFE none
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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) Yes WWII	16. SOCIAL SECURITY NO. 484-10-1581	17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Kansas City, Missouri	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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		DUE TO (b) Ruptured abscess of the liver		10 days
ANTECEDENT CAUSES		DUE TO (c) Carcinoma of the pancreas		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				8 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) VA m.	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 **December 28, 1953**, to **January 4, 1954**, and that death occurred at **12:20 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Richard C. Schaffer, M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 1/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE JAN 7 1954	24c. NAME OF CEMETERY OR CREMATORY FITZGERALD NORTH NATN. FITZGERALD NORTH, KS	24d. LOCATION (City, town, or county) (State) PL
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DATE REC'D BY LOCAL REG. 1-6-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Smith	ADDRESS 1415 E. TRUMAN
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Laudis G. Jackson*

Licensed Embalmer No. *48*

P. O. Address *R. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

mmmm