

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4826**

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602** Registrar's No. **457**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>34 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Wheatley Provident Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5431 Agnes</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>F. Frank</b> c. (Last) <b>Fitzpatrick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 26 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8-18-1904 1898</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co.</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>49 55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dewitt, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Isaac Fitzpatrick</b>	
13b. MOTHER'S MAIDEN NAME <b>Annie Poston</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
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. <b>487-09-3053</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Annie Fitzpatrick</b>		18. ADDRESS <b>2310 W. 10th St. K. C. Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hernia - Intestinal Obstruction (Strangulated Hernia)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5015</b>	
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) <b>Kansas City, Missouri</b>	
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 <b>1-18-54</b> , 19 <b>54</b> , to <b>1-26</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-25</b> , 19 <b>54</b> , and that death occurred at <b>7:30 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. L. Miller MD</b> (Degree or title)		23b. ADDRESS <b>1211 Paseo K. C. Mo.</b>	
23c. DATE SIGNED <b>1/28/1954</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1-30-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. J. W. Jones 440 state ave.</b>	
DATE REC'D BY LOCAL REG. <b>1-29-54</b>		REGISTRAR'S SIGNATURE <b>Steraldine Smith</b>	

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

corrections by affidavit of informant

2-4-54

rh/gp

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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..... *Engel Engel*

Licensed Embalmer No. 410

P. O. Address 440 St  
H. e

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.