No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

5456

State File No. .....

BIRTH NO. FILED FEB 26 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 48

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

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN: New London
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R F D # 1 0.870

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): Beulah Elizabeth Fitzpatrick

**4. DATE OF DEATH** (Month) (Day) (Year): February 17, 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: March 19, 1907
**9. AGE** (In years last birthday): 46 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U S A

**13a. FATHER'S NAME**: Leonard VanWinkle
**13b. MOTHER'S MAIDEN NAME**: Beatrice Wilkerson
**14. NAME OF HUSBAND OR WIFE**: Ivan Fitzpatrick

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Ivan Fitzpatrick New London Missouri

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma left breast
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**: 170 X
**20. AUTOPSY?** YES ☐ NO ☒

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 2/2, 1954, *to* 2/11, 1954, *that I last saw the deceased alive on* 2/16, 1954, *and that death occurred at* 7:40A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L M Strong MD.
**23b. ADDRESS**: 115 N. 5th St. Hannibal Mo.
**23c. DATE SIGNED**: 2/19/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2/19/54
**24c. NAME OF CEMETERY OR CREMATORY**: Grandview Burial Park
**24d. LOCATION** (City, town, or county) (State): Hannibal Missouri

**DATE REC'D BY LOCAL REG.**: 2-23-54
**REGISTRAR'S SIGNATURE**: Dr E M Luede by W C Fisher 189-9
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: W C Crawford Smith Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 2 4 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 4 1957

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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Strand

Licensed Embalmer No.....

P. O. Address Hannibal Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.