

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

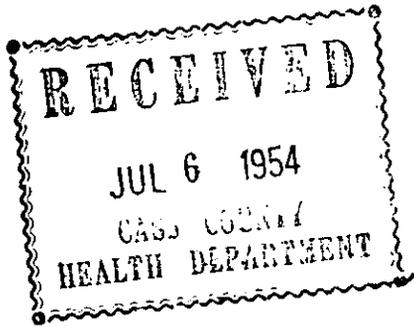
State File No. 18247

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Harrisonville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				• STREET ADDRESS (If rural, give location) Harrisonville Mo. 404 W Mechanic			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Ann		c. (Last) Fitch		4. DATE OF DEATH (Month) (Day) (Year) June 28 1954	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (last birthday) March 17th. 1874	
9. AGE (In years) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Near Dayton Cass Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Huff		13b. MOTHER'S MAIDEN NAME Martha Jane Worriss		14. NAME OF HUSBAND OR WIFE J.L. Fitch (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edwin Clatworthy (daughter) Harrisonville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction				INTERVAL BETWEEN ONSET AND DEATH 5 days			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Carcinoma of Colon = Unknown			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				Mitral Insufficiency Diabetes Mellitus			
19a. DATE OF OPERATION 6-28-54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon		20. AUTOPSY? 153 X		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 June 25, 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. S. Triplett, M.D.				23b. ADDRESS Harrisonville, Mo.		23c. DATE SIGNED 6-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1st. 54		24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		24d. LOCATION (City, town, or county) (State) Dayton Cass Co. Mo.	
DATE REC'D BY LOCAL REG. July 1, 1954		REGISTRAR'S SIGNATURE Dora Barriard		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Atkinson Bros Harrisonville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *49*.....

P. O. Address *Hannover, Mo.*

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