

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30477

State File No. 188

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. CITY OR TOWN Saint Charles	
c. LENGTH OF STAY (in this place) 5 days		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: Saint Joseph's Hospital			e. STREET ADDRESS (If rural, give location) 527 Tecumseh		
--	--	--	---	--	--

3. NAME OF DECEASED (Type or Print)	a. (First) Pearl	b. (Middle) H.	c. (Last) Fitts	4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1955
-------------------------------------	------------------	----------------	-----------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9, 1888	9. AGE (in years last birthday) (Month) (Day) (Year) 67 8 7	IF UNDER 1 YEAR Hours Min.	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 own	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Peter Benscutter	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Emmett W. Fitts
--	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-22-1772	17. INFORMANT'S SIGNATURE OR NAME George A. Fitts, St. Charles, Mo.	ADDRESS St. Charles, Mo.
---	--	--	-----------------------------

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 Unknown 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic and Hypertensive Cardiovascular Disease</i>		
	ANTECEDENT CAUSES Morbidity 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. <i>Uremia secondary to #1</i>			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? 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) <i>443X</i>
--	--	--

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 *Sept. 13, 1955*, to *Sept. 16, 1955*, that I last saw the deceased alive on *Sept 16, 1955*, and that death occurred at *11:58 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Don L. Randall, M.D.</i>	(Degree or title)	23b. ADDRESS <i>207 N. 5th St. Charles, Mo.</i>	23c. DATE SIGNED <i>Sept 17, 1955</i>
---	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. Sept 17 1955	REGISTRAR'S SIGNATURE <i>Francis Hamilton</i>	28-4-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Dalloway & Son</i>	ADDRESS St. Charles, Mo.
--	--	--------	--	-----------------------------

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.....
Frank R. Amalun

Licensed Embalmer No.....

P. O. Address.....
M. Ch...

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.