

THE DIVISION OF HEALTH OF MISSOURI
 FILED DEC 19 1955 STANDARD CERTIFICATE OF DEATH

41110

State File No.

 BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 80 yrs.		c. CITY OR TOWN Carthage		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 Parker Nursing Home				STREET ADDRESS (If rural, give location) 743 West Central 0493 2			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) LENORA		c. (Last) FITZGERALD		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 9, 1865	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 5 Days 1		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) Springfield, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME John W. Hirst			13b. MOTHER'S MAIDEN NAME Mary Jane Virden			14. NAME OF HUSBAND OR WIFE Richard Jas. Fitzgerald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Knell Mortuary, Carthage, Missouri	
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) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____ DUE TO (c) _____					
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-6</u> , 19 <u>55</u> , to <u>12-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>55</u> , and that death occurred at <u>11:25 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Foster Whitten M.D.			23b. ADDRESS Carthage, Missouri			23c. DATE SIGNED 12-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/55		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. 12-10-55		REGISTRAR'S SIGNATURE EM Whitten 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 10 1955
Jasper County Health Office
County File Number 55-12-864
Date Filed DEC 1 1955

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 O. L. Isbell.....

Licensed Embalmer No. 497

P. O. Address Cottage

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.