

FILED FEB 20 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 4457

26

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Grundy		
b. CITY OR TOWN Trenton		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Trenton		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: 1809 MAIN ST.				e. STREET ADDRESS (If rural, give location) 1809 MAIN ST. 0400						
3. NAME OF DECEASED (Type or Print) a. (First) Elsie			b. (Middle) Fitzpatrick			c. (Last) Fitzpatrick				
4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1956		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 10, 1893		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Sullivan County, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Nida			13b. MOTHER'S MAIDEN NAME SARILDA ANN CLEMENS			14. NAME OF HUSBAND OR <del>WIFE</del> FRANK FITZPATRICK				
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK FITZPATRICK Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PITUITARY TUMOR DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 224X						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 HRS  6 YEARS		
19a. DATE OF OPERATION 9-11-52		19b. MAJOR FINDINGS OF OPERATION PITUITARY ADENOMA. CHROMOPHOBE						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)		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 1-1-, 1951, to 2-8-, 1956, that I last saw the deceased alive on 2-8-, 1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) M.D. Simon M.D.				23b. ADDRESS Trenton Mo.			23c. DATE SIGNED 2-10-1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 10, 1956		24c. NAME OF CEMETERY OR CREMATORY AFTAM Cemetery		24d. LOCATION (City, town, or county) (State) Spickard, Mo.				
DATE REC'D BY LOCAL REG. 2-10-56		REGISTRAR'S SIGNATURE Irene Fair			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackmon Trenton, Mo.					

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

(Licensed Embalmer's Statement on Reverse Side)

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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

*Harold L. Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greenville, N.C.*

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.