FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12929
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Inside Limits Yes X No ☐	c. CITY OR TOWN Springfield 2396 Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1330 Cherry Length of stay in 1b 5 years	d. STREET ADDRESS (If outside, give location) 1330 Cherry Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Edgar	Middle Valentine	Last Fritts	4. DATE OF DEATH Month May Day 18, Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH April 7, 1872	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) (Unknown) Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Fritts		14. MOTHER'S MAIDEN NAME (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Russell W. Fritts	Address Kansas City, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1944, to 1956 and last saw him alive on 4/23/56

Death occurred at 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A D Vail MD	22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 5/8/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 9, 1956	23c. NAME OF CEMETERY OR CREMATORY Beverly	23d. LOCATION (City, town, or county) (State) Lincoln, Kansas
24. FUNERAL DIRECTOR ADDRESS Gorman-Schurf Funeral Home Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 5-10-56	26. REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Lewis G. Schar

Licensed Embalmer No. 3

P. O. Address Springf

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.