

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16855

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>	c. LENGTH OF STAY (in this place) <u>3 1/2 YRS.</u>	c. CITY OR TOWN <u>HILLSBORO</u>	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 <u>CEDAR GROVE NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>0 5000</u>	

3. NAME OF DECEASED (Type or Print) <u>TIMOTHY</u> (First)	b. (Middle) <u>FITZGERALD</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>AUG. 19 1862</u>	9. AGE (In years last birthday) <u>93</u>	If under 1 year: Months _____ Days _____	If under 1 mo. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL DEALER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>EL. PASO, TEX.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MICHAEL P. FITZGERALD</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH RYAN</u>	14. NAME OF HUSBAND OR WIFE <u>UNK.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EILEEN HELEN HYATT</u> ADDRESS <u>CHICAGO, ILL.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF COLON</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 1, 1956, to May 12, 1956, that I last saw the deceased alive on May 12, 1956, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Sanders, M.D.</u> (Degree or title)	23b. ADDRESS <u>1502 Cedar St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>5-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAY 15 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PIEDMONT</u>	24d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-15-56</u>	REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>General Hume</u> ADDRESS <u>PIEDMONT Mo.</u>
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 22 1956

JUN 6 1956

SEP 21 1956

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 *Orville B. Deibel*.....

Licensed Embalmer No. 41

P. O. Address *St. Louis*

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.