

FILED DEC 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38751**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **423**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN <b>Hannibal</b>	c. LENGTH OF STAY (In this place) <b>2 mo</b>	c. CITY OR TOWN <b>Hannibal</b>	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 <b>Levering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>423 So 6th St. Hannibal, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>James</b> c. (Last) <b>Fitzpatrick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 26 - 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 12, 1908</b>
9. AGE (In years last birthday) <b>48</b>	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) <b>Mis West Mower Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <b>Helena, Montana</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			
13a. FATHER'S NAME <b>John Fitzpatrick</b>		13b. MOTHER'S MAIDEN NAME <b>Almeta Peark</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes WW No2</b>	16. SOCIAL SECURITY NO. <b>498-18-2817</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Pearl Fitzpatrick</i>	ADDRESS <b>Hannibal, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Essential Hypertension</i>	
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) <b>443X</b>	
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 <b>6-11-51</b> , 19____, to <b>11-26-56</b> , 19____, that I last saw the deceased alive on <b>11-26-56</b> , and that death occurred at <b>8:15 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. L. Beum</i>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>
23c. DATE SIGNED <b>11-28-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-30-56</b>	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ralph Clark</i>	ADDRESS <b>Hannibal, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
45  
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RECEIVED DEC 7 1956

MARION CO. HEALTH DEPT.,

DATE FILED DEC 7 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 *Ralph Clark*.....

Licensed Embalmer No..4217...

P. O. Address..Hannibal,..Mo

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.