THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1957

40876
STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Christian	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Porter Twsp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN RFD, Nixa 0220 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD, Nixa Length of stay in 1b 56 Years	d. STREET ADDRESS (If outside, give location) Porter Twsp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: MARSHALL HAZEL FITZPATRICK

4. DATE OF DEATH Month Day Year: Dec. 31, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 8, 1900

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Frisco RR

11. BIRTHPLACE (City and state or country): Nixa, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marshall S. Fitzpatrick

14. MOTHER'S MAIDEN NAME: Minnie E. Doran

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: 702076032

17. INFORMANT Address: Mrs. Dora Fitzpatrick, Nixa, 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) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: sudden

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

DUE TO (c) arteriosclerosis — several yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 10-21-50, to 12-31-56 and last saw her/him alive on 12-28-56

Death occurred at 12/30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Shaffer D.O.

22b. ADDRESS: Nixa, Mo.

22c. DATE SIGNED: 1-3-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/2/1957

23c. NAME OF CEMETERY OR CREMATORY: Payne Cemetery

23d. LOCATION (City, town, or county) (State): Nixa, Mo.

24. FUNERAL DIRECTOR: Gilean Harris ADDRESS: Clever, Mo.

25. DATE RECD. BY LOCAL REG.: Jan. 5. 1957

26. REGISTRAR'S SIGNATURE: Oline Hutter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Gilbert Harris.....

Licensed Embalmer No..43

P. O. Address...Clever, M

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.