

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1957

18254

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 31

with, welfare, public service, 00-56, diseases in Part I must be casually related. Chroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNIONVILLE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>UNIONVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>			Length of stay in 1b <u>1 yr.</u>	d. STREET ADDRESS (If outside, give location)			Beside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>LESTER</u> Last <u>FITZGERALD</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>19</u> Year <u>57</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR 5 - 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCANTILE</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>JACKSONVILLE - Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>DAVID FITZGERALD</u>				14. MOTHER'S MAIDEN NAME <u>NETTIE BROWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>			16. SOCIAL SECURITY NO. <u>WN 1</u>	17. INFORMANT Name <u>Edna Fitzgerald</u> Address <u>Unionville Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>331.X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>p</u> Month <u>5</u> Day <u>19</u> Year <u>57</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>5-19-57</u> to <u>5-19-57</u> and last saw <u>him</u> alive on <u>5-19-57</u> . Death occurred at <u>9:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. W. McDonald D.D.</u>				22b. ADDRESS <u>Unionville Mo</u>		22c. DATE SIGNED <u>5-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>May 23 - 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MONROE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>MONROE CITY - MO</u>		
24. FUNERAL DIRECTOR <u>F. D. Lusted</u> ADDRESS <u>Unionville Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1951

JUN 7 1951

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.....
Murl C. Husted

Licensed Embalmer No. *30*

P. O. Address *Union*

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.