

FILED JUL 1 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 569

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GREENE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD, MO.		a. STATE MISSOURI		b. COUNTY TANEY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN		Length of stay in lb 10 DAYS		c. CITY OR TOWN HOLLISTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MAX		Middle FITZMAYER		Last FITZMAYER		Month Day Year June 23 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 31, 1885	
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GERMANY	
13. FATHER'S NAME CHRISTIAN FITZMAYER				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. LOUISE RANDOLPH	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Rectum with liver metastases + jaundice DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 154x							INTERVAL BETWEEN ONSET AND DEATH 4 mos
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 Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 6/19/57 to 6/23/57 and last saw him live on 6/23/57 Death occurred at 5:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Design or title) Chas O Lockhart md				22b. ADDRESS Springfield Mo		22c. DATE SIGNED 6/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/25/57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Plattsmouth, Nebraska	
24. FUNERAL DIRECTOR ADDRESS Welchel Funeral Home Branson, Mo.			25. DATE RECD. BY LOCAL REG. 6-24-57		26. REGISTRAR'S SIGNATURE Walter Williamson		

1801 9 1957

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, *Paul Schaefer*

Licensed Embalmer No. *47*

P. O. Address *Sppl*

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.