No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1957

'57 022086 State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 298

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN Sedalia
c. LENGTH OF STAY (In this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1200 West 14th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1200 West 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle)
c. (Last) Fitch

4. DATE OF DEATH (Month) July (Day) 9 (Year) 1957

5. SEX M Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH Feb. 7 1891
9. AGE (In years last birthday) 66 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (City and State or Foreign Country) Osceola Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 305-12-9533A
17. INFORMANT'S SIGNATURE OR NAME Miss Amelia West ADDRESS Sedalia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STARVATION & DEHYDRATION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SCHIZOPHRENIA (mental condition)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
(1) SENILITY
(2) DECUBITUS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
3007
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 55, 19___, *to* DEATH, 19___, *that I last saw the deceased alive on* July 2, 1957, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Karl B Gonser (Degree or title) MD
23b. ADDRESS Sedalia Mo.
23c. DATE SIGNED 10 July 57.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-11-57
24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) Sedalia (State) Mo

DATE REC'D BY LOCAL REG. 7-11-57
REGISTRAR'S SIGNATURE Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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1 JUL 17 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roger T. Fuller

Licensed Embalmer No. 4818

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.