

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32630

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Bevier d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		e. STREET ADDRESS (If rural, give location) 0610	

3. NAME OF DECEASED (Type or Print) Harry Fitzpatrick	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9 21 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4 8 85	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) rdmore Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Fitzpatrick	13b. MOTHER'S MAIDEN NAME Brittie Catterton	14. NAME OF HUSBAND OR WIFE Mallie Fitzpatrick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 487-07-0684	17. INFORMANT'S SIGNATURE OR NAME Mallie Fitzpatrick	ADDRESS Bevier, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriatic Failure		INTERVAL BETWEEN ONSET AND DEATH 12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis		
	DUE TO (c) Cerebral Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteritis, Pleurisy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **9-1-**, 19**57**, to **9-21-**, 19**57**, that I last saw the deceased alive on **9-21-**, 19**57**, and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Coffin, D.D.	23b. ADDRESS 106 1/2 Vine St Macon	23c. DATE SIGNED 9-27-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-57	24c. NAME OF CEMETERY OR CREMATORY Richardsdale Cemetery	24d. LOCATION (City, town, or county) (State) Bevier Missouri
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DATE REC'D BY LOCAL REG. 10/1/57	REGISTRAR'S SIGNATURE Beth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE W. G. Edwards	ADDRESS Bevier, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 10 1957

County File No. 10-8-57
Date Filed 10-8-57

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 *J. J. Edwards*

Licensed Embalmer No. 1961

P. O. Address .. Revier, .. 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.