

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022895
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 291

Primary Registration District No. 5990

Registrar's No. 42

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lucerne Rt. I		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucerne R.F.D.		Length of stay in 1b 47 Years	d. STREET ADDRESS (If outside, give location) Jackson Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Casper Fitzwater			4. DATE OF DEATH Month Day Year June I 1958		
5. SEX Male <input checked="" type="checkbox"/>	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 Feb. 29 1868	9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Rockingham County Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Fitzwater		13b. MOTHER'S MAIDEN NAME Emma Susan Halterman		14. NAME OF HUSBAND OR WIFE Malinda Virginia Fitzwater	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Iva Hamilton Lucerne, Mo. Rt. I		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage arteriosclerosis & hypertension					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's syndrome					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Death ^{April 4-58} to ^{June 1-58} and last saw him alive on ^{June 1-58} Death occurred at ^{9:15 A.} on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Chas L. Jedd D.D.2			22b. ADDRESS Unionville, Mo.		22c. DATE SIGNED 6-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 3 1958	23c. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Putnam County, Missouri
24. FUNERAL DIRECTOR Comstock Funeral Home J. W. Comstock			ADDRESS Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 6-9-58	26. REGISTRAR'S SIGNATURE Marvell Dushon

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James W. Constock*

Licensed Embalmer No. *4197*

P. O. Address *Unionville*

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.