Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026138

STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY OR TOWN AURORA — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 211 No. Elliott St. — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAWRENCE
c. CITY OR TOWN AURORA — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 211 No. Elliott St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: William Middle: Thomas Last: Fritts

4. DATE OF DEATH Month: July Day: 7 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug. 2-1882

9. AGE (In years on last birthday) 75 — 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) Road District

10b. KIND OF BUSINESS OR INDUSTRY County

11. BIRTHPLACE (City and state or country) Lacede Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Fritts

13b. MOTHER'S MAIDEN NAME Sarah Bryn

14. NAME OF HUSBAND OR WIFE Mary Ann Fritts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mary Ann Fritts, Address Aurora, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) —
DUE TO (c) Generalized Metastasis 1810

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1958, to July 7-1958 and last saw him alive on July 6-1958
Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. P. Loretto (Degree or title) M.D.

22b. ADDRESS Aurora Mo.

22c. DATE SIGNED 7-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-10-58

23c. NAME OF CEMETERY OR CREMATORY Maple Park

23d. LOCATION (City, town, or county) (State) Aurora, Mo.

24. FUNERAL DIRECTOR Marsh Funeral Home — ADDRESS Aurora, Mo.

25. DATE RECD. BY LOCAL REG. 7-8-1958

26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 5052

P. O. Address .....

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.