

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043292

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1361

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 South 12th St.		Length of stay in lb 20 Yrs	d. STREET ADDRESS (If outside, give location) 315 South 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last EUGENE W. FITZGERALD			4. DATE OF DEATH Month Day Year December 18, 1958		
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 Aug. 18, 1893	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Sales & Adjusting		10b. KIND OF BUSINESS OR INDUSTRY Gen. Insurance	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Patrick J. Fitzgerald		13b. MOTHER'S MAIDEN NAME Elizabeth Baierlein		14. NAME OF HUSBAND OR WIFE Ida M. Fitzgerald	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If year, give year or dates of service) Yes W.W. 7 1		16. SOCIAL SECURITY NO. 337-03-8470	17. INFORMANT Address Ida M. Fitzgerald 315 So. 12th City		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Instant 1 1/2 yrs.
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.) 4201			
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 6-4-1958 to 12-18-58 and last saw him alive on 9-29-58 Death occurred at 10:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H.C. Senne MD			22b. ADDRESS 207 B+S Bldg St. Joseph		22c. DATE SIGNED 12-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 22, 58	23c. NAME OF CEMETERY OR CREMATORY Mt. Clivet Cemetery		23d. LOCATION (City, town, or county) Mo (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR H.D. Sidenfader & Son R.R. 9		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 22, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Standell

All diseases in Part I must be causally related.

DR. H. C. Senne

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 5 1959

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 *Robert H. Gapple* .....  
Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.