Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014573
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Farmington — Inside Limits Yes # No ☐

c. CITY OR TOWN 6900 Munger — Inside Limits Yes # No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Fred Middle Last Fitzgerald

4. DATE OF DEATH Month April Day 17, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 3, 1884

9. AGE (In years 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) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Reynolds Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John Fitzgerald

13b. MOTHER'S MAIDEN NAME Elizabeth Schrumm

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Goldia Saling Address Farmington, Mo.

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) Massive Cerebral thrombosis Rf hemisphere — INTERVAL BETWEEN ONSET AND DEATH 7 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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) 332X

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 Apr 13, 1959, to Apr 17, 1959 and last saw ~~her~~ him alive on Apr. 16, 1959
Death occurred at 12 45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Huckstep M D

22b. ADDRESS Farmington, Mo

22c. DATE SIGNED 4/18/59

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

23b. DATE April 21, 1959

23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery

23d. LOCATION (City, town, or county) Farmington (State) Missouri

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.

25. DATE RECD. BY LOCAL REG. Apr. 20, 1959

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington

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.