

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025916

FILED VS JUL 28 1959

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 40 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Length of stay in 1b 73 yrs.	c. CITY OR TOWN Fredericktown
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 E. Marvin St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 308 E. Marvin
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Missouri Ann Fields			4. DATE OF DEATH Month Day Year July 24, 1959		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-------------------------	----------------------------------	---	---------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Saco, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
---	--	--	--

13a. FATHER'S NAME John Lewis	13b. MOTHER'S MAIDEN NAME Lucy Kemp	14. NAME OF HUSBAND OR WIFE F. M. Fields
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT 6712 San Alano F.M. Fields, Jr., Buena Park, Calif
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 9/26/58 to 7/24/59 and last saw her alive on 7/24/59 Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the clauses stated.

22a. SIGNATURE M. Grooman (Degree or title)	22b. ADDRESS Fredericktown Mo	22c. DATE SIGNED 7/25/59
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah	23d. LOCATION (City, town, or county) (State) Madison County, Mo.
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 7-25-1959	26. REGISTRAR'S SIGNATURE Florence Hicks
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles McPart

Licensed Embalmer No. 4852

P. O. Address Fredrickton

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.