

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028796

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Primary Registration District No. _____ Registrar's No. 8750

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove	Length of stay in 1b	c. CITY OR TOWN Ash Grove	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI. S. W. of Walnut Grove, Missouri		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARRY Middle DEWAYNE Last FITCH			4. DATE OF DEATH Month August Day 18 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 28, 16	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springfield, Missouri usa	12. CITIZEN OF WHAT COUNTRY usa
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13a. FATHER'S NAME Charles Harry Fitch	13b. MOTHER'S MAIDEN NAME Juanite Andrews	14. NAME OF HUSBAND OR WIFE Never Married
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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 Charles Fitch, Ash Grove, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD AND CHEST INJURIES		INTERVAL BETWEEN ONSET AND DEATH INST.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) HE WAS ONE OF TWO PEOPLE IN ONE CAR ACCIDENT ON A COUNTY ROAD ABOUT 3 MILES SW OF WALNUT GROVE. HE WAS THROWN OUT OF CAR.
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20c. TIME OF INJURY APPROX 3:45 P.M. AUG 18 1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY ROAD	20f. CITY, TOWN, OR LOCATION 3MI. S.W. OF WALNUT GROVE, GREENE, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at APPROX 3:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Alfred H. Plummer		22b. ADDRESS Greene County Springfield, Missouri		22c. DATE SIGNED 19 Aug 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 22 59	23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	23d. LOCATION (City, town, or county) (State) Ash Grove - Mo.	
24. FUNERAL DIRECTOR Plummer - Samuel - Ash Grove - Mo.		25. DATE RECD. BY LOCAL REG. 8-25-59	26. REGISTRAR'S SIGNATURE Offie L. Meeter	

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 Wayne L. Sauer

Licensed Embalmer No. 47
P. O. Address Rich In

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.