MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

60-009449
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN: Sweet Springs — Length of stay in 1b: 9 months
c. FULL NAME OF HOSPITAL OR INSTITUTION: Forsyth Restorium — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 871 S. English — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Minnie Middle: May Last: Fitzgerald

4. DATE OF DEATH: Month: Feb. Day: 17 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-16-1875

9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Abstract

11. BIRTHPLACE (City and state or country): Saline County

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Robert Fitzgerald

13b. MOTHER'S MAIDEN NAME: Anna Sappington

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.: 487-01-3882A None

17. INFORMANT: Charles Fitzgerald — Address: Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Aspiration of Vomit — 7 days
DUE TO (c): Cerebrovascular Accident — 4 yrs.

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. ☐ Yes ☒ No ☐ Unknown

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 1960 and last saw her alive on 2-17-60
Death occurred 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD — **22b. ADDRESS**: Sweet Springs, Mo — **22c. DATE SIGNED**: 2-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE**: 2-17-1960 — **23c. NAME OF CEMETERY OR CREMATORY**: Ridge Park Cemetery — **23d. LOCATION** (City, town, or county) (State): Marshall, Mo

24. FUNERAL DIRECTOR: Campbell-Lewis — **ADDRESS**: Marshall, Mo. — **25. DATE RECD. BY LOCAL REG.**: Feb. 17, 1960 — **26. REGISTRAR'S SIGNATURE**: Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

SEP 6 1960

VS NOV 3 1960

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.