

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026636

LED VS AUG 10 1960

138

Registration District No. 4219

Registrar's No. 33

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Hickory</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Weaubleau</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Hickory</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Weaubleau Mill</i>		Length of stay in lb <i>5 hours</i>		c. CITY OR TOWN <i>Weaubleau</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>East Weaubleau</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Pleasant Leander Fitzpatrick</i>				4. DATE OF DEATH Month Day Year <i>Aug 1 - 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-12-91</i>	9. AGE (last birthday) <i>68</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>19</i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming & Miller</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Milling (Feed)</i>		11. BIRTHPLACE (City and state or country) <i>HUMANSVILLE MO</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>P.L. Fitzpatrick</i>			13b. MOTHER'S MAIDEN NAME <i>Rachel Jane Davis</i>		14. NAME OF HUSBAND OR WIFE <i>UNA MAY FITZPATRICK</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>IMO Chaney - Weaubleau, Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>myocardial failure</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Case</i>							
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 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 <i>Coronary Case</i> and last saw her/him alive on <i>12:15</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>G.R. Easton M.D. Coroner Hickory County</i>				22b. ADDRESS <i>Weaubleau Mo</i>		22c. DATE SIGNED <i>Aug 260</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-4-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Houndstree Cemetery Weaubleau Mo.</i>		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <i>Robert Patterson - Weaubleau Mo</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>8-2-1960</i>	26. REGISTRAR'S SIGNATURE <i>Mary Johnson</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 10 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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. 4267

P. O. Address Wheatland

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.