URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1960

-60-031176

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. ~~3037~~ 5640 Registrar's No. 72

NDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Davis — Length of stay in 1b: 54 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 mi. S of Higginsville — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lafayette
c. CITY OR TOWN Higginsville — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 9 mi. S. of Higginsville — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First J. Middle C. Last Fitzgerel
4. DATE OF DEATH: Month August Day 4 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar 4, 1876
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and state or country): Quitrille, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles J.
13b. MOTHER'S MAIDEN NAME: Cynthia Anson
14. NAME OF HUSBAND OR WIFE: Mrs. Bertha Fitzgerel
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.: 494-40-5970
17. INFORMANT: Mrs. Bertha Fitzgerel Address: Higginsville, 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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Trauma – fell & fractured several ribs — 6 hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ACV Disease – Severe
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.) Became dizzy & fell at home
20c. TIME OF INJURY: Hour 9:00 a.m. Month, Day, Year 8/3/60
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.): Home
20f. CITY, TOWN, OR LOCATION: 9 mi. So. Higginsville — COUNTY: Lafayette — STATE: Mo.
21. I attended the deceased from 5-15-60, to 8-4-60 and last saw ~~her~~ him alive on 8-4-60
Death occurred at 9:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Robert B. Best M.D.
22b. ADDRESS: Higginsville Mo.
22c. DATE SIGNED: 8/12/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Groove Community
23d. LOCATION (City, town, or county) (State): 9 mi. S. of Higginsville, Mo
24. FUNERAL DIRECTOR: Wiegers-Riekhof, ADDRESS: Higginsville, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 17-1960
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

AUG 18 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 Forest Riekhof

Licensed Embalmer No. 4284

P. O. Address Higginsville

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