

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039348

FILED VS OCT 27 1960

294

Primary Registration District No.

3056

Registrar's No.

251

STATE FILE NUMBER

NDED

|   |  |   |  |   |  |  |   |                                       |  |
|---|--|---|--|---|--|--|---|---------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>                      |  |  |   |                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moberly</b>   |  | Length of stay in 1b<br><b>approx 3 hrs</b>   |  | c. CITY OR TOWN <b>Cockrell township</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                                       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Community Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS <b>8 mi. North of Salisbury on #129</b>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>John</b> Last <b>Fitzgerald</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>16.</b> Year <b>1960</b>   |  |  |   |                                       |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>10/13/89</b>   |   | 9. AGE (last birthday) <b>71 yrs.</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farm</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>gen. farming</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Joseph, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |                                       |  |
| 13a. FATHER'S NAME<br><b>William John Fitzgerald</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Scanlan</b>                                     |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Maude Mae Fitzgerald</b>                           |   |                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes World War I</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>490-42-9541</b>  |   | 17. INFORMANT<br>Address <b>Mo. Mrs. Wm Fitzgerald, RFD, Salisbury</b>   |  |   |                                       |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |                                       |  |
| IMMEDIATE CAUSE (a) <b>Coronary thromboses</b>  |  |   |  |   |  |  | <b>4 hrs.</b>   |                                       |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b)  |  | <b>Arteriosclerotic heart disease.</b>  |  |  | <b>Indefinite</b>   |                                       |  |
|   |  | DUE TO (c)  |  | <b>Generalized arteriosclerosis.</b>  |  |  | <b>Indefinite</b>   |                                       |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |  |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |                                       |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>10-16-60</b> to <b>10-12-60</b> and last saw <sup>him</sup> alive on <b>10-16-60</b><br>Death occurred at <b>3:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |                                       |  |
| 22a. SIGNATURE <b>Donald C. Presley</b> (Degree or title)   |  |   |  | 22b. ADDRESS <b>Salisbury, Mo.</b>  |  |  | 22c. DATE SIGNED <b>10-17-60</b>  |                                       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |  | 23b. DATE<br><b>10/18/60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fitzgerald Cemetery</b>                     |   | 23d. LOCATION (City, town, or county)<br><b>Chariton County, Mo.</b>   |  | (State)   |                                       |  |
| 24. FUNERAL DIRECTOR<br><b>Chas. B. Winkelmeyer, Salisbury, Mo.</b>   |  |   | ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-18-60</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Peabody</b>   |                                       |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 28 190

Dec 13 1930

**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 B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury,

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.