ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 4 1961

-61-002266
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 4

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monroe City, — Length of stay in 1b: 1 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hy. 36. Accident, City Limits — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 822 Woodward — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Donald — Middle: Rex — Last: Fitzpatrick

4. DATE OF DEATH: Month: Jan. — Day: 10, — Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/2/29
9. AGE (last birthday): 31 — 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): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale meats
11. BIRTHPLACE (City and state or country): Livingston Co., Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jean W. Fitzpatrick
13b. MOTHER'S MAIDEN NAME: Sylvia Clark
14. NAME OF HUSBAND OR WIFE: Rosanna Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1947-1951
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Mrs. Rosanna Fitzpatrick, Chillicothe

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): Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: immediate
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): Multiple compound fractures of rt leg & hip.

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. 2:05 — Month, Day, Year: 1 10 61 — Riding in car traveling at high rate of speed, hit tree
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.): Highway 36
20f. CITY, TOWN, OR LOCATION: Monroe City — COUNTY: Marion — STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:05 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry H Sweet Jr MD Coroner
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 1-16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/12/61
23c. NAME OF CEMETERY OR CREMATORY: Resthaven Cem.
23d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Donald Gordon, Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: 1-18-61
26. REGISTRAR'S SIGNATURE: Dr E M Luche by Viola Geer Deputy

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 31 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Gordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe

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.