

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED MAR 27 1961

-61-007421

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 75

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>                         |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkville, Mo.</b>   |   | Length of stay in lb<br><b>3 da</b>   | c. CITY OR TOWN <b>Kirkville</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Kirkville Osteopathic</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>903 East Pierce</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Larry</b> Middle <b>Ray</b> Last <b>Fitzgerald</b>   |   |   | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>20</b> Year <b>61</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-18-61</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  | 9. AGE (last birthday)<br>IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b> Hours <b></b> Min. <b></b><br>IF UNDER 24 HR Months <b></b> Days <b></b> Hours <b></b> Min. <b></b> |
| 11a. BIRTHPLACE (City and state or country)<br><b>Kirkville, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>Raymond Fitzgerald</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Marie VanSickle</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.   |   |
|  |   | 17. INFORMANT<br><b>Raymond Fitzgerald, Kirkville, Mo.</b><br>Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Medullary Failure</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Minutes</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Anoxia</b>                                   |   |   | <b>Hours</b>  |
| DUE TO (c) <b>Prolapse Of The Cord</b>   |   |   |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown        |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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 <b></b> a.m. <b></b> p.m. <b></b>  | Month, Day, Year <b></b>  |   |   |
| 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>3-18-61</b> to <b>3-20-61</b> and last saw him alive on <b>3-20-61</b>   |   | Death occurred at <b>3:05 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                       |   |
| 22a. SIGNATURE (Doctor or title)<br><i>Lyle A. Harting M.D.</i>  |   | 22b. ADDRESS <b>105 1/2 W. Washington Kirkville, Mo.</b>  | 22c. DATE SIGNED <b>3-21-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Mar. 21-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland Park</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kirkville, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Dee Riley Funeral Home, Inc. W.K. Jackson</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-22-1961</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Doris W. Rathoff</i>  |

(Licensed Embalmer's Statement on Reverse Side)

LYLE P. PATTIN, D.O.

**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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, Mo.

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.