

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045722

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 256 Registrar's No. 5879

FILED DEC 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chamois</u> RFD		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Chamois</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at his home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mohn</u> Middle <u>Patrick</u> Last <u>Fitzgerald</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>14</u> Year <u>1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/2/1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	9. AGE (last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>Chamois Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Fitzgerald</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Moran</u>	14. NAME OF HUSBAND OR WIFE <u>Mary C(O'dowd) Fitzgerald</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. -----	17. INFORMANT <u>Harold E. Fitzgerald, Sedalia Mo</u> Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Interventricular heart block with</u> <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> DUE TO (b) _____ <u>15 to 20 years</u> DUE TO (c) <u>Generalized arteriosclerosis</u> <u>20 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis of liver, Left inguinal scrotal hernia</u> 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 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 _____ a.m. _____ 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 <u>January 2, 1957</u> to <u>Dec. 13, '61</u> and last saw him alive on <u>Dec. 13, '61</u> . Death occurred at <u>11:55</u> <u>P</u> m., on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. B. Farnsworth, D.O.</u>		22b. ADDRESS <u>Chamois Mo</u>	22c. DATE SIGNED <u>12-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Dec. 16 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Mary Church</u>	23d. LOCATION (City, town, or county) (State) <u>Frankenstine Mo</u>
24. FUNERAL DIRECTOR <u>Clyde Morton</u> ADDRESS <u>Lin Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-61</u>	26. REGISTRAR'S SIGNATURE <u>Josephine Schieder</u>

DEC 28 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 Vernon M. Martin

Licensed Embalmer No. 423

P. O. Address Lain Me

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.