MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022004
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 5117
2 5110
3 2
4 0
5 0
6
7 0
8 2
9 759.3
10
11
12 3-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 708

FILED JUN 25 1962

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, — Length of stay in 1b: 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Richard Middle Ray Last Fitzgerald,
4. DATE OF DEATH: Month May Day 26, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 26, 1962
9. AGE (last birthday): IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (City and state or country): St. Joseph, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ralph Fitzgerald
13b. MOTHER'S MAIDEN NAME: Lila Wray
14. NAME OF HUSBAND OR WIFE: no
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.: no
17. INFORMANT: Ralph Fitzgerald Address: Easton 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) Fetal anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) Congenital anomalies.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 9:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edmund W. Kluth (Degree or title) MD
22b. ADDRESS 620 Francis St. Joseph
22c. DATE SIGNED 18 June 62

E. W. KLINE, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/27/62
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo (State)

24. FUNERAL DIRECTOR John E. Kupper ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. June 20, 1962
26. REGISTRAR'S SIGNATURE Mrs. Clark Bodell

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.