

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029732

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 25

STATE FILE NUMBER

FILED JUL 18 1962

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 <u>1020</u>				
2 <u>1020</u>				
3 <u>2</u>				
4 <u>1</u>				
5 <u>2</u>				
6				
7 <u>0</u>				
8 <u>0</u>				
9 <u>334X</u>				
10				
11				
12 <u>90-2</u>				
13 <u>3-0</u>				
	SHOULD READ			BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		c. CITY OR TOWN Shelbina	
Length of stay in 1b 20 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 West Birch St.		d. STREET ADDRESS (If outside, give location) 302 North Center St.	
3. NAME OF DECEASED (Type or print) First Iva Middle (None) Last Fitzpatrick		4. DATE OF DEATH Month July Day 11 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1871 - 91
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hiram Dale		13b. MOTHER'S MAIDEN NAME Matilda Smith	
14. NAME OF HUSBAND OR WIFE Brackenridge Fitzpatrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Fred Reitz, Shelbyville, Mo.		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) Hypostatic pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c) Coronary hypertension			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 (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>Jan 1, 1962</u> to <u>July 11, 1962</u> and last saw her <u>July 14, 1962</u> alive on <u>July 14, 1962</u> . Death occurred at <u>July 11, 1962 1:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A W Moulton M.D.		22b. ADDRESS Shelbyville Mo	22c. DATE SIGNED 7-12-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/1962	23c. NAME OF CEMETERY OR CREMATORY Bacon Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Shelby County, Missouri
24. FUNERAL DIRECTOR ADDRESS Hayes Funeral Home, Shelbina, Mo.		25. DATE RECD. BY LOCAL REG. 7-14-62	26. REGISTRAR'S SIGNATURE Marianne Simpson

Permit Obtained 7-12-62 - M&M

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 Paul S. Hayes
Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.