

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033436

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 77

VS 300
Rev. 4/59

DATE AMENDED

1/0/70
2/11/41

3
4 1
5 1
6
7 0
8 0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

9332X
10
11
12 1-2
13 4-0

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Mountain Grove Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Memorial Hospital		d. STREET ADDRESS (If outside, give location) 444 East Front Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LINA Middle FITCH Last FITCH		4. DATE OF DEATH Month August Day 27 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 68 Years
11a. BIRTHPLACE (City and state or country) Mountain Grove, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jake Hicks		13b. MOTHER'S MAIDEN NAME Mahalda Mitchem	
14. NAME OF HUSBAND OR WIFE Louis N. Fitch		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.		17. INFORMANT Louis N. Fitch - Mtn. Grove, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary PARALYSIS			INTERVAL BETWEEN ONSET AND DEATH 6 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis & Massive Cerebral Hemorrhage			6 hours
DUE TO (c) Arteriosclerosis			undetermined
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Mountain Grove, Mo
21. I attended the deceased from Feb 1962 to August 27, 62 and last saw her alive on August 27, 1962 Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Richard G. Mitchem DO (Degree or title)		21b. ADDRESS Mountain Grove, Mo	
22. STATE SIGNED 8-29-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/1962	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo		25. DATE RECD. BY LOCAL REG. 8-31-62	26. REGISTRAR'S SIGNATURE Myrtle Craig

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 George Shapiro

Licensed Embalmer No. 3161

P. O. Address W. B. Bunn, MD

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.