

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 4187 Registrar's No. 252

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 18 1962	
1. PLACE OF DEATH	
a. COUNTY FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) UNION	a. STATE MO. b. COUNTY FRANKLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION REST HOME	c. CITY OR TOWN UNION
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) UNION REST HOME
Yes <input type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First CHARLES	Middle H.
Last FITZSIMMONS	4. DATE OF DEATH
Month DEC.	
Day 9	
Year 1962	
5. SEX MALE	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 NOV. 29, 1879
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS FITZSIMMONS	13b. MOTHER'S MAIDEN NAME ? PALMER
14. NAME OF HUSBAND OR WIFE DECEASED	
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 CHARLES P. FITZSIMMONS HAZELWOOD,	
Address 21506 WYWOOD DR. MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <i>Cerebral Anoxia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
DUE TO (b) <i>Prostate cancer - metastatic</i>	
DUE TO (c) <i>seen by physician</i>	
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 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 _____, to _____ and last saw her/him alive on _____.	
Death occurred at 1:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	(Degree or title)
22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>[Date]</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 12, 1962
23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) UNION MO.
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME	ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 12/12/62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DEC 19 1962

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.