

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029037
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 46

FILED JUL 31 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIGGINSVILLE</u>		c. CITY OR TOWN <u>HIGGINSVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>10 MI. SOUTH</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS J. FITZGEREL</u>		4. DATE OF DEATH Month Day Year <u>JULY 17 - 1963</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>4-19-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate</u>	9. AGE (last birthday) <u>54</u>
13a. FATHER'S NAME <u>J. C. FITZGEREL</u>		14. NAME OF husband OR WIFE <u>OPAL FITZGEREL</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>		17. INFORMANT <u>MRS. OPAL FITZGEREL HIGGINSVILLE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage from left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
DUE TO (b) <u>Bronchogenic Carcinoma left lung.</u>		<u>1 year</u>	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recurrent attacks of pneumonia</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.	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>1952</u> , to <u>July 17, 1963</u> and last saw him alive on <u>July 10, 1963</u> Death occurred at <u>9:46 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wilbur E. Fulkerson M.D.</u>		22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>7-22-63</u>
23a. BURIAL, cremation , (Specify) <u>BURIAL</u>	23b. DATE <u>7-20-1963</u>	23c. NAME OF CEMETERY <u>DAK GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>
24. FUNERAL DIRECTOR <u>WIEGERS-RIEKH OF HIGGINSVILLE MO.</u>		25. DATE RECD. BY LOCAL REG. <u>July 24. 63</u>	
26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1963

NOV 14 1966

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 Donald R. Wiggins

Licensed Embalmer No. 5112

P. O. Address Hogansville, 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.