

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-043685

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 302

STATE FILE NUMBER

FILED DEC 13 1965

## 1. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clinton Mo

Length of stay in lb

5 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Wetzel Osteopathic

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

JOHNSON

admission)

c. CITY  
OR  
TOWN

Holden, Missouri

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1010 S. Main

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ruby

Fitzgerel

4. DATE  
OF  
DEATH

Month

Day

Year

12

3

1965

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-26-1910

55

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Johnson County

USA

## 13a. FATHER'S NAME

Isaac Wilson Taylor

## 13b. MOTHER'S MAIDEN NAME

Olive V. Parsons

## 14. NAME OF HUSBAND OR WIFE

Floyd Fitzgerald

## 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.

unknown

## 17. INFORMANT

Address

Floyd Fitzgerald Holden 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)

Coronary Thrombosis  
Status of abd. lunging -INTERVAL BETWEEN  
ONSET AND DEATH

30 Minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## 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 ☐ Unknown19. 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.

2

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 11-28 to 12-3-65 and last saw her alive on 10-15A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Miss S. Wetzel M.D.

## 22b. ADDRESS

105 E Olive Clinton Mo

## 22c. DATE SIGNED

Dec 4-65

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Dec 5, 1965

## 23c. NAME OF CEMETERY OR CREMATORY

Holden Cemetery

## 23d. LOCATION (City, town, or county)

Holden

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Canaday &amp; Ropp Holden Mo

## 25. DATE RECD. BY LOCAL REG.

12-10-65

## 26. REGISTRAR'S SIGNATURE

Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

*Ernest Wood*

Licensed Embalmer No. 3804

P. O. Address Holden, Ma

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.

Permit Obtained 12-10-65 *(initials)*