

FILED SEP 29 1948

STANDARD CERTIFICATE OF DEATH

State File No. 28851

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville, Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year.
In this community One year.
years, months or days

3. (a) PRINT FULL NAME James Fithen.

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Color or race W 5. (a) Single, widowed, married, divorced Widower.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 18th 1880

7. Birth date of deceased May 18th 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 0 If less than one day hr. min.

9. Birthplace K Y. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

12. Name Benjamin Fithen

13. Birthplace Dont Know (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Fithen,

(b) Address Wickliff Ky.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 20 48
(Month) (Day) (Year)

(c) Place: burial or cremation Bardwell,

18. (a) Signature of funeral director Baker Funeral Home,

(b) Address Lutesville

19. (a) 9-22-1948 (Date received local registrar) (b) William Newcomb (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Rural - Louisa, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi S. Lutesville, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 9/18/48 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/11

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury Coronary

23. Signature John J. Morgan (M.D. or other) Arthur Fithen
Address Bardwell Mo Date signed 9/22/48

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 948-1222
Date Filed 9-28-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed A. J. Baber
Licensed Embalmer No. 3573
P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.