

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8050

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <u>Green County, Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Green 29</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield 1460 N. Jefferson</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>		2
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1460. N. Jefferson, St.</u>			d. STREET ADDRESS (If rural, give location) <u>1460. N. Jefferson, St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sidney</u> b. (Middle) <u>Sheridan</u> c. (Last) <u>Fitzpatrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23-1949</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 11-1881</u>	9. AGE (In years last birthday) <u>67 years</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Christian County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Mike Fitzpatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Ragasdale</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Fitzpatrick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Fitzpatrick Springfield Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asthma &amp; Cardiac</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Debility 12</u> DUE TO (c) <u>Obesity 134</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>			

22. I hereby certify that I attended the deceased from 3/11 1949, to 3/23, 1949 that I last saw the deceased alive on 3/20, 1949, and that death occurred at 120 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Fullman</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>3/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>March 27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West End</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County Mo</u>		

DATE REC'D BY LOCAL REG. <u>3/24/49</u>	REGISTRAR'S SIGNATURE <u>W.S. Standley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....

Student Embalmer

Signed T. B. Chaffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark, 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.