

No. 300
10. 48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> <u>6 1/2</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>6 1/2</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>309 E. Second</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 E. Second</u> <u>1</u>			

3. NAME OF DECEASED (Type or Print) <u>LESLIE MAY FITZGERALD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1949</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1887</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 Hrs. Hours <u>6</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert Fitzgerald</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Fitzgerald</u> ADDRESS <u>309 E. 2nd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of stomach</u>		
	ANTECEDENT CAUSES <u>?</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>?</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>40</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from 1940, 1940, to 3/19, 1949, that I last saw the deceased alive on 1-5, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. E. ...</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>3/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 22, '49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE/REC'D BY LOCAL REG. <u>3/22/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>251</u> ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
6
4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-30-49

APR 20 1949

Dr. Byer

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.

Signed *Maure Ewing*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3847.....

P. O. Address *Sedalia 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.