

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11853

State File No.

24
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1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>5291</u>	Registrar's No. <u>29</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>24</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>1 MO.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State I.O.O.F. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anne</u>		b. (Middle) <u>Coates</u>	c. (Last) <u>Fitzgerald</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>14</u> <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 11, 1858</u>	9. AGE (In years last birthday) <u>90</u> if UNDER 1 YEAR: Months <u>8</u> Days <u>5</u> if UNDER 12 HRS. Hours <u>5</u> Min.
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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Coates</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Patton</u>	14. NAME OF HUSBAND OR WIFE <u>Cristopher Fitzgerald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.J. Barkley, Liberty, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Far advanced arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>28 March</u> , 19 <u>49</u> , to <u>14 April</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>14 April</u> , 19 <u>49</u> , and that death occurred at <u>3:15 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J.M. Waterman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberty, Mo</u>	23c. DATE SIGNED <u>15 April 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 16, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kearney, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 15 - 1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church - Archer Co. Liberty, Mo</u>	ADDRESS	

RECEIVED

District Health Officer No. 2.

District File Number.....

Date Filed 4-18-49

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 Harold G. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.