

THE DIVISION OF HEALTH OF MISSOURI  
 FILED JUL 7 1949. STANDARD CERTIFICATE OF DEATH

20664

State File No. ....

 BIRTH NO. 60020-49 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4462 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>St Clair Co</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry Co</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Appleton City</u> )		c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Depue Twp</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles West of Montrose</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clifford Hospital</u>					
3. NAME OF DECEASED a. (First) <u>Keith</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Fitch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June, 30-1949.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>30 June 1949</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jerome Fitch</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Dickman</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jerome Fitch Montrose, Mo</u> ADDRESS <u>—</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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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) _____		
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X
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)		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>30 June, 1949</u> , to <u>30 June, 1949</u> , that I last saw the deceased alive on <u>30 June, 1949</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. E. ...</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Appleton City, Mo</u>		23c. DATE SIGNED <u>30 June 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-1-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Germantown Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 30, 1949</u>	REGISTRAR'S SIGNATURE <u>Mr. C. H. Atney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>285 ...</u>	ADDRESS <u>Sickman &amp; Dunning Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 6-49-816

Date Filed 7-6-49

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 \_\_\_\_\_

*not embalmed* Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.