U.S. No. 300
REV. 10-48

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25836

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 82

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

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabool
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cabool
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Fitzgerald

4. DATE OF DEATH (Month) (Day) (Year): July 18 1949

5. SEX: M. U
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M - 1
8. DATE OF BIRTH: Aug 19 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas Co. Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Eli Fitzgerald
13b. MOTHER'S MAIDEN NAME: Elizabeth Grisham
14. NAME OF HUSBAND OR WIFE: Lettie Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Dollie Hollman — ADDRESS: Cabool Mo

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 331 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* July 19, 1949, *that I last saw the deceased alive on* July 10, 1949, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Garrett Gregg Jr. U
23b. ADDRESS: Cabool Mo.
23c. DATE SIGNED: July 19 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22. 49
24c. NAME OF CEMETERY OR CREMATORY: Cabool
24d. LOCATION (City, town, or county) (State): Cabool Mo.

DATE REC'D BY LOCAL REG.: July 21 1949
REGISTRAR'S SIGNATURE: Gaynell Cunningham 328
25. FUNERAL DIRECTOR'S SIGNATURE: Gaylord H. Elliott — ADDRESS: Cabool Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1943

Receiv
Texas Co
7-26-4
9:00 A

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 Gaylord V. Elliott

Licensed Embalmer No. 2952

P. O. Address Cabool Mo

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

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