

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1950

State File No. 9586

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5729 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence Rural</b>	
c. LENGTH OF STAY (in this place) <b>10 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED. (Type or Print) a. (First) <b>Lizzie</b> b. (Middle) _____ c. (Last) <b>Oliver</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-1-1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>5-6-1865</b>		9. AGE (In years last birthday) <b>84</b>		10. UNDER 1 YEAR <b>9</b> 11. UNDER 2 HRS. <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Utica Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Samuel FitzSimmons</b>		13b. MOTHER'S MAIDEN NAME <b>Paulina Metz</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tucker Oliver Clarence, Mo. Rural</b>	
---	--	-------------------------------------	--	--	--

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured left hip</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Curricular embolism</b>				<b>5 years</b>	
		DUE TO (c) _____				<b>E 9030</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>700</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>6 mi Macon mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 25 1950 7P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Caught toe in rug &amp; fell to floor</b>	

22. I hereby certify that I attended the deceased from **Feb 25, 1950** to **Mar 1, 1950**, that I last saw the deceased alive on **Mar 1, 1950**, and that death occurred at **11A m.** from the causes and on the date stated above.

23a. SIGNATURE <b>D. S. Harlan MD</b>		23b. ADDRESS <b>Clarence mo</b>		23c. DATE SIGNED <b>3/21/50</b>	
---------------------------------------	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-5-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Macon County, Missouri</b>	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>3/31/50</b>		REGISTRAR'S SIGNATURE <b>Beth M Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Million &amp; Barkelew</b>		ADDRESS <b>Shelbina, Mo</b>	
---	--	---	--	--	--	-----------------------------	--

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

610

RECEIVED 4/6/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7/50/56  
Date Filed 4/11/50

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 *James D. Davis*  
Licensed Embalmer No. *4478*  
P. O. Address *S. Hellinay, 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.